



ILLINOIS REGIST

Rules of Government

VOLUME 18
PART 1

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Page 101-107

Secretary of State
John G. W. Thompson
100 North Dearborn
Chicago, Illinois 60610

(312) 324-1000

ARTICLE I

Section 1. The legislative power of the State shall be vested in the General Assembly, which shall consist of a Senate and a House of Representatives.

Section 2. The General Assembly shall meet annually on the first day of January, and may adjourn to such other day as it may determine.

Section 3. The members of the General Assembly shall be elected for terms of one year, and shall hold office until the first day of January following their election.

Section 4. The members of the General Assembly shall be elected by the qualified electors of the State, and shall be subject to re-election.

Section 5. The members of the General Assembly shall be elected by the qualified electors of the State, and shall be subject to re-election.

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Section 15. The members of the General Assembly shall be elected by the qualified electors of the State, and shall be subject to re-election.



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JIM EDGAR
Secretary of State

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Secretary of State
Administrative Code Div.
201 West Monroe
Springfield, IL 62756

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ILLINOIS REGISTER

Rules of Governmental Agencies

TABLE OF CONTENTS

PROPOSED RULES	PAGE
CENTRAL MANAGEMENT SERVICES, DEPARTMENT OF Pay Plan; 80 Ill. Adm. Code 310	7675
EMPLOYMENT SECURITY, DEPARTMENT OF Claims, Adjudication, Appeals & Hearings; 56 Ill. Adm. Code 2720	7686
LABOR RELATIONS BOARD, ILLINOIS STATE/LABOR RELATIONS BOARD, ILLINOIS LOCAL General Procedures; 80 Ill. Adm. Code 1200	7693
Impasse Resolution; 80 Ill. Adm. Code 1230	7700
Representation Proceedings; 80 Ill. Adm. Code 1210	7726
Unfair Labor Practice Proceedings; 80 Ill. Adm. Code 1220	7756
POLLUTION CONTROL BOARD Management of Used & Waste Tires; 35 Ill. Adm. Code 848	7763
PUBLIC AID, DEPARTMENT OF Aid to the Aged, Blind or Disabled; 89 Ill. Adm. Code 113	7813
Medical Assistance Programs; 89 Ill. Adm. Code 120	7821
Medical Payment; 89 Ill. Adm. Code 140	7834
PUBLIC HEALTH, DEPARTMENT OF Program Content & Guidelines for Title X Family Planning Services; 77 Ill. Adm. Code 635	7858
RACING BOARD, ILLINOIS Claiming Races; 11 Ill. Adm. Code 510	8079
Drivers, Trainers, & Agents; 11 Ill. Adm. Code 1317	8083
Pari-Mutuels; 11 Ill. Adm. Code 405	8086
Security & Admissions; 11 Ill. Adm. Code 1325	8090
REHABILITATION SERVICES, DEPARTMENT OF Recovery of Misspent Funds; 89 Ill. Adm. Code 527	8095
Service Plan Development; 89 Ill. Adm. Code 700	8103
SECRETARY OF STATE Cancellation, Revocation or Suspension of Licenses or Permits; 92 Ill. Adm. Code 1040	8109
KFI 1235 .A21 v. 14 no. 21 Illinois register Received on: 05-30-90	
g Loan Priorities for Municipal Ill. Adm. Code 366	8121

(continued on next page)

PUBLIC HEALTH, DEPARTMENT OF	
Ill. Formulary for the Drug Product Selection Program, The; 77 Ill. Adm.	
Code 790	8154

RACING BOARD, ILLINOIS	
Medication; 11 Ill. Adm. Code 509	8186

TRANSPORTATION, DEPARTMENT OF	
Procedures; 92 Ill. Adm. Code 107	8189

EMERGENCY RULES

FIRE MARSHAL, OFFICE OF THE STATE	
Fire Equipment Distributor & Employee Standards; 41 Ill. Adm. Code 251	8194

AGENCY NOTICES OF MODIFICATION, WITHDRAWAL OR REFUSAL TO PROPOSED RULES

FINANCIAL INSTITUTIONS, DEPARTMENT OF	
Title Insurance Act; 50 Ill. Adm. Code 8100, Modification	8205

JOINT COMMITTEE ON ADMINISTRATIVE RULES - STATEMENT OF OBJECTIONS, SUSPENSIONS, RECOMMENDATIONS, PROHIBITED FILINGS & APPROVALS

CHILDREN AND FAMILY SERVICES, DEPARTMENT OF	
Licensing Standards for Youth Emergency Shelters; 89 Ill. Adm. Code 410,	
Objection	8206

FINANCIAL INSTITUTIONS, DEPARTMENT OF	
Title Insurance Act; 50 Ill. Adm. Code 8100, Objection	8209
Title Insurance Act; 50 Ill. Adm. Code 8100, Recommendation	8219

JOINT COMMITTEE ON ADMINISTRATIVE RULES - REVIEW OF EXISTING RULES - STATEMENT OF OBJECTIONS & RECOMMENDATIONS

PUBLIC AID, DEPARTMENT OF	
Medical Payment; 89 Ill. Adm. Code 140, Objection	8223
Medical Payment; 89 Ill. Adm. Code 140, Objection	8226

PUBLIC HEARINGS

PUBLIC HEALTH, DEPARTMENT OF	
Program Content & Guidelines for Title X Family Planning Services; 77 Ill.	
Adm. Code 635	8229

PUBLIC INFORMATION

REVENUE, DEPARTMENT OF	
Index of Letter Rulings (First Quarter of 1990) (Income Tax)	8231

JOINT COMMITTEE ON ADMINISTRATIVE RULES

Second Notices Received	8254
-------------------------------	------

EXECUTIVE ORDERS AND PROCLAMATIONS

PROCLAMATIONS

90-217 Nurse Recruitment Day (Revised)	8257
90-231 Arson Awareness Week	8257
90-232 Exceptional Children's Week	8258
90-233 National Association Of Insurance Women's Week	8258
90-234 Festival Chorus Day	8259
90-235 Buckle-Up America Week	8259

(continued on next page)

PROCLAMATIONS (Continued)

90-236 Centenarians Day	8260
90-237 Chicago College Of Osteopathic Medicine Day	8260
90-238 Start Talking Week	8260
90-239 The Future Of Public Health Week	8261
90-240 Week Of The High Risk Child	8261
90-241 Dr. Jonas Salk Day	8262
90-242 Management Week	8262
90-243 RP Awareness Day	8263
90-244 Commends John Hughes	8263
90-245 Gateway Day	8264
90-246 Mattoon Area Senior Center Day	8265
90-247 Metropolitan Pier & Exposition Authority Employee Longevity Day	8265
90-248 Mother's Day	8266
90-249 Retired Teachers Week	8266
90-250 Year Of The Airborne	8266
90-251 Manufactured Housing Days	8267
90-252 Railroad Women's Day	8267
90-253 Correctional Officer Week	8268
90-254 Volunteer Talent Pool Day	8268

CUMULATIVE INDEX

1990 Index - Issue #21	CI-1
------------------------------	------

SECTIONS AFFECTED INDEX

1990 Index - Issue #21	SAI-1
------------------------------	-------

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INTRODUCTION

The Illinois Register is the official state document for publishing public notice of rulemaking activity by State governmental agencies. The table of contents is arranged categorically by rulemaking activity and alphabetically by agency within each category. Rulemaking activity consists of proposed or adopted new rules or amendments to or repealers of existing rules, including those by emergency or peremptory action.

The *Register* also contains Executive Orders and Proclamations issued by the Governor, notices of public information required by State statute, and activities (meeting agendas, Statements of Objection or Recommendation, etc.) of the Joint Committee on Administrative Rules (JCAR), a legislative oversight committee which monitors the rulemaking activities of State agencies. In addition, the *Register* contains a Cumulative Index listing alphabetically by agency the Parts (sets of rules) on which rulemaking activity has occurred in the current *Register* volume and a Sections Affected Index listing, by Title of the *Illinois Administrative Code*, each Section (including supplementary material) of a Part on which rulemaking activity has occurred in the current volume. Both indices are action coded and are designed to aid the public in monitoring rules.

The *Register* will serve as the update to the *Illinois Administrative Code*, a compilation of the rules of State agencies. The most recent edition of the *Code* along with the *Register* comprise the most current accounting of the State agencies' rules.

The *Illinois Register* is the property of the State of Illinois, granted by the authority of the Illinois Administrative Procedure Act (Ill. Rev. Stat. 1985, ch. 127, pars. 1001 et seq., as amended).

REGISTER PUBLICATION SCHEDULE 1990

Material Rec'd after 4:30 p.m. on:	And before 4:30 p.m. on:	Will be in Issue #:	Published on:	Material Rec'd after 4:30 p.m. on:	And before 4:30 p.m. on:	Will be in Issue #:	Published on:
Dec. 19, 1989	Dec. 26, 1989	1	Jan. 5, 1990	June 26, 1990	July 3, 1990	28	July 13, 1990
Dec. 26, 1990	Jan. 2, 1990	2	Jan. 12, 1990	July 3, 1990	July 10, 1990	29	July 20, 1990
Jan. 2, 1990	Jan. 9, 1990	3	Jan. 19, 1990	July 10, 1990	July 17, 1990	30	July 27, 1990
Jan. 9, 1990	Jan. 16, 1990	4	Jan. 26, 1990	July 17, 1990	July 24, 1990	31	Aug. 3, 1990
Jan. 16, 1990	Jan. 23, 1990	5	Feb. 2, 1990	July 24, 1990	July 31, 1990	32	Aug. 10, 1990
Jan. 23, 1990	Jan. 30, 1990	6	Feb. 9, 1990	July 31, 1990	Aug. 7, 1990	33	Aug. 17, 1990
Jan. 30, 1990	Feb. 6, 1990	7	Feb. 16, 1990	Aug. 7, 1990	Aug. 14, 1990	34	Aug. 24, 1990
Feb. 6, 1990	Feb. 13, 1990	8	Feb. 23, 1990	Aug. 14, 1990	Aug. 21, 1990	35	Aug. 31, 1990
Feb. 13, 1990	Feb. 20, 1990	9	Mar. 2, 1990	Aug. 21, 1990	Aug. 28, 1990	36	Sept. 7, 1990
Feb. 20, 1990	Feb. 27, 1990	10	Mar. 9, 1990	Aug. 28, 1990	Sept. 4, 1990	37	Sept. 14, 1990
Feb. 27, 1990	Mar. 6, 1990	11	Mar. 16, 1990	Sept. 4, 1990	Sept. 11, 1990	38	Sept. 21, 1990
Mar. 6, 1990	Mar. 13, 1990	12	Mar. 23, 1990	Sept. 11, 1990	Sept. 18, 1990	39	Sept. 28, 1990
Mar. 13, 1990	Mar. 20, 1990	13	Mar. 30, 1990	Sept. 18, 1990	Sept. 25, 1990	40	Oct. 5, 1990
Mar. 20, 1990	Mar. 27, 1990	14	Apr. 6, 1990	Sept. 25, 1990	Oct. 2, 1990	41	Oct. 12, 1990
Mar. 27, 1990	Apr. 3, 1990	15	Apr. 13, 1990	Oct. 2, 1990	Oct. 9, 1990	42	Oct. 19, 1990
Apr. 3, 1990	Apr. 10, 1990	16	Apr. 20, 1990	Oct. 9, 1990	Oct. 16, 1990	43	Oct. 26, 1990
Apr. 10, 1990	Apr. 17, 1990	17	Apr. 27, 1990	Oct. 16, 1990	Oct. 23, 1990	44	Nov. 2, 1990
Apr. 17, 1990	Apr. 24, 1990	18	May 4, 1990	Oct. 23, 1990	Oct. 30, 1990	45	Nov. 9, 1990
Apr. 24, 1990	May 1, 1990	19	May 11, 1990	Oct. 30, 1990	Nov. 5, 1990	46	Nov. 16, 1990
May 1, 1990	May 8, 1990	20	May 18, 1990	Nov. 5, 1990	Nov. 13, 1990	47	Nov. 26, 1990 (Mon.)
May 8, 1990	May 15, 1990	21	May 25, 1990	Nov. 13, 1990	Nov. 20, 1990	48	Nov. 30, 1990
May 15, 1990	May 22, 1990	22	June 1, 1990	Nov. 20, 1990	Nov. 27, 1990	49	Dec. 7, 1990
May 22, 1990	May 29, 1990	23	June 8, 1990	Nov. 27, 1990	Dec. 4, 1990	50	Dec. 14, 1990
May 29, 1990	June 5, 1990	24	June 15, 1990	Dec. 4, 1990	Dec. 11, 1990	51	Dec. 21, 1990
June 5, 1990	June 12, 1990	25	June 22, 1990	Dec. 11, 1990	Dec. 18, 1990	52	Dec. 28, 1990
June 12, 1990	June 19, 1990	26	June 29, 1990	Dec. 18, 1990	Dec. 24, 1990	1	Jan. 4, 1991
June 19, 1990	June 26, 1990	27	July 6, 1990	Dec. 24, 1990	Dec. 31, 1990	2	Jan. 11, 1991

Please note: When the Register deadline falls on a State holiday, the deadline becomes 4:30 p.m. on Monday (the day before).

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 1) The Heading of the Part: Pay Plan
- 2) The Code Citation: 80 Ill. Adm. Code 310
- 3) Section Numbers:

	Proposed Action:
310.230	Amended
310.280	Amended
310. App. A, Table A	Amended
- 4) Statutory Authority: Ill. Rev. Stat. 1987, ch. 127, par. 63b108a(2)
- 5) A Complete Description of the Subjects and Issues Involved:

In Section 310.230, Part-Time Daily or Hourly Special Services Rate, the title of Guard II with the daily range of \$67.00 to \$84.00 is being added at the request of the Department of Revenue. The Department of Revenue plans to hire guards for weekends and as replacements for those full-time guards who call in ill on short notice.

Also, the abolished title of Hearing and Speech Specialist III is being replaced with the Hearing and Speech Coordinator, and the abolished titles of Nurse I and II are being replaced with the Registered Nurse I and II. For the present time, the daily salary ranges will remain the same.

In Section 310.280, Designated Rate, two Commerce and Community Affairs Program Executive positions (\$70,680 and \$71,184 annually) and an Executive V (\$66,612 annually) are being included within this section for the Department of Commerce and Community Affairs.

Also, an Administrative Assistant IV position is being included for the Department of Conservation with the annual salary of \$60,000. The annual salary for the Executive III is being changed from \$51,450 to \$54,024.

In Section 310. Appendix A, Table A, a study was conducted on the maintenance-janitorial positions at the Chicago State of Illinois Center which resulted in these titles being reclassified to a new title "Building Services Worker".
- 6) Will this proposed rule replace an emergency rule currently in effect?

No.

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 7) Does this rulemaking contain an automatic repeal date? Yes X No
If "yes", please specify date:
- 8) Do these proposed amendments contain any incorporations by reference?

No

- 9) Are there any proposed amendments pending to this part? Yes

Section Numbers	Proposed Action	Ill. Reg. Citation
310. App. A, Table G	Amended	14 Ill. Reg. 427 (January 12, 1990)
310. App. A, Table K	Amended	14 Ill. Reg. 427 (January 12, 1990)
310. App. A, Table T	Amended	14 Ill. Reg. 427 (January 12, 1990)
310.110	Amended	14 Ill. Reg. 5269 (April 13, 1990)
310.130	Amended	14 Ill. Reg. 5269 (April 13, 1990)
310.290	Amended	14 Ill. Reg. 5269 (April 13, 1990)
310.300	Amended	14 Ill. Reg. 5269 (April 13, 1990)
310.450	Amended	14 Ill. Reg. 5269 (April 13, 1990)
310.456	Amended	14 Ill. Reg. 5269 (April 13, 1990)
310.530	Amended	14 Ill. Reg. 5269 (April 13, 1990)
310.540	Amended	14 Ill. Reg. 5269 (April 13, 1990)
310. App. A, Table D	Amended	14 Ill. Reg. 5269 (April 13, 1990)
310. App. A, Table E	Amended	14 Ill. Reg. 5269 (April 13, 1990)
310. App. A, Table F	Amended	14 Ill. Reg. 5269 (April 13, 1990)
310. Appendix B	Amended	14 Ill. Reg. 5269 (April 13, 1990)
310. Appendix C	Amended	14 Ill. Reg. 5269 (April 13, 1990)
310. Appendix D	Amended	14 Ill. Reg. 5269 (April 13, 1990)

10) Statement of Statewide Objectives:

These amendments to the Pay Plan pertain only to State employees sub-
ject to the Personnel Code and do not set out any guidelines that are
to be followed by local or other jurisdictional bodies within the
State.

11) Time, Place, and Manner in which interested persons may comment on
this proposed rulemaking:

Mr. Michael Murphy
Department of Central Management Services
Division of Technical Services
504 William G. Stratton Building
Springfield, Illinois 62706

Telephone: (217) 782-5601

12) Initial Regulatory Flexibility Analysis:

A) Date rule was submitted to the Business Assistance Office of the
Department of Commerce and Community Affairs:

The Department of Central Management Services' Pay Plan does not
affect private businesses. Amendments made to the Pay Plan are
not subject to any guidelines or regulations of the Department of
Commerce and Community Affairs.

B) Types of small businesses affected:

None. The Department of Central Management Services' Pay Plan
extends only to Personnel Code employees under the jurisdiction
of the Governor.

C) Reporting, bookkeeping or other procedures required for
compliance:

None

D) Types of professional skills necessary for compliance:

None

The full text of the proposed Rule(s) begins on the next page.

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES
SUBTITLE B: PERSONNEL RULES, PAY PLANS, AND
POSITION CLASSIFICATIONS
CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

PART 310
PAY PLAN

SUBPART A: NARRATIVE

Section	
310.20	Policy and Responsibilities
310.30	Jurisdiction
310.40	Pay Schedules
310.50	Definitions
310.60	Conversion of Base Salary to Pay Period Units
310.70	Conversion of Base Salary to Daily or Hourly Equivalents
310.80	Increases in Pay
310.90	Decreases in Pay
310.100	Other Pay Provisions
310.110	Implementation of Pay Plan Changes, Effective July 1, 1989
310.120	Interpretation and Application of Pay Plan
310.130	Effective Date
310.140	Reinstitution of Within Grade Salary Increases
310.150	Fiscal Year 1985 Pay Changes in Schedule of Salary Grades, effective July 1, 1984 (Repealed)

SUBPART B: SCHEDULE OF RATES

Section	
310.205	Introduction
310.210	Prevailing Rate
310.220	Negotiated Rate
310.230	Part-Time Daily or Hourly Special Services Rate
310.240	Hourly Rate
310.250	Member, Patient and Inmate Rate
310.260	Trainee Rate
310.270	Legislated and Contracted Rate
310.280	Designated Rate
310.290	Out-of-State or Foreign Service Rate
310.300	Education Rate
310.310	Physician Specialist Rate
310.320	Annual Compensation Ranges for Executive Director and Assistant Executive Director, State Board of Elections
310.330	Excluded Classes Rate (Repealed)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

SUBPART C: MERIT COMPENSATION SYSTEM

Section	Jurisdiction
310.410	Objectives
310.420	Responsibilities
310.430	Merit Compensation Salary Schedule
310.440	Procedures for Determining Annual Merit Increases
310.450	Intermittent Merit Increase
310.455	Merit Zone
310.460	Other Pay Increases
310.470	Adjustment
310.480	Decreases in Pay
310.490	Other Pay Provisions
310.500	Definitions
310.510	Conversion of Base Salary to Pay Period Units
310.520	Conversion of Base Salary to Daily or Hourly Equivalents
310.530	Implementation
310.540	Annual Merit Increase Guidechart for Fiscal Year 1990
310.550	Fiscal Year 1985 Pay Changes in Merit Compensation System, effective July 1, 1984 (Repealed)

APPENDIX A	Negotiated Rates of Pay
TABLE A	HR-190 (Department of Central Management Services - State of Illinois Building - SEIU)
TABLE B	HR-200 (Department of Labor - Chicago, Illinois - SEIU)
TABLE C	RC-069 (Firefighters, AFSCME)
TABLE D	HR-001 (Teamsters Local #726)
TABLE E	RC-020 (Teamsters Local #330)
TABLE F	RC-019 (Teamsters Local #25)
TABLE G	RC-045 (Automotive Mechanics, ISEA)
TABLE H	RC-006 (Corrections Employees, AFSCME)
TABLE I	RC-009 (Institutional Employees, AFSCME)
TABLE J	RC-014 (Clerical Employees, AFSCME)
TABLE K	RC-023 (Registered Nurses, INA)
TABLE L	VR-004 (Illinois State Treasurer's Office Employees, Teamsters and IFT)
TABLE M	RC-027 (Educators, AFSCME) (Repealed)
TABLE N	RC-027 (Physician Rates, AFSCME) (Repealed)
TABLE O	RC-028 (Paraprofessional Human Services Employees, AFSCME)
TABLE P	RC-029 (Paraprofessional Investigatory and Law Enforcement Employees, ISEA)
TABLE Q	RC-033 (Meat Inspectors, ISEA)
TABLE R	RC-042 (Residual Maintenance Workers, AFSCME)
TABLE S	HR-012 (Fair Employment Practices Employees, SEIU)
TABLE T	HR-010 (Teachers of Deaf, IFT)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

TABLE U	HR-010 (Teachers of Deaf, Extracurricular Paid Activities)
TABLE V	CU-500 (Corrections, Meet and Confer Employees)
TABLE W	RC-062 (Technical Employees, AFSCME)
TABLE X	RC-063 (Professional Employees, AFSCME)
TABLE Y	RC-063 (Educators, AFSCME)
TABLE Z	RC-063 (Physicians, AFSCME)
APPENDIX B	Schedule of Salary Grades - Monthly and Annual Rates of Pay for Fiscal Year 1990
APPENDIX C	Physician Administrator Rates and Medical Facilities
APPENDIX D	Administrator Rates for Fiscal Year 1990
APPENDIX E	Merit Compensation System Salary Schedule for Fiscal Year 1990
APPENDIX F	Teaching Salary Schedule (Repealed)
APPENDIX G	Physician and Physician Specialist Salary Schedule (Repealed)

AUTHORITY: Implementing and authorized by Section 8a(2) of the Personnel Code (Ill. Rev. Stat. 1987, ch. 127, par. 63b108a(2)).

SOURCE: Filed June 28, 1967; codified at 8 Ill. Reg. 1558; emergency amendment at 8 Ill. Reg. 1990, effective January 31, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 2440, effective February 15, 1984; emergency amendment at 8 Ill. Reg. 3348, effective March 5, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 4249, effective March 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 5704, effective April 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 7290, effective May 11, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 11299, effective June 25, 1984; emergency amendment at 8 Ill. Reg. 12616, effective July 1, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 15007, effective August 6, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 15367, effective August 13, 1984; emergency amendment at 8 Ill. Reg. 21310, effective October 10, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 21544, effective October 24, 1984; amended at 8 Ill. Reg. 22844, effective November 14, 1984; emergency amendment at 9 Ill. Reg. 1134, effective January 16, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 1320, effective January 23, 1985; amended at 9 Ill. Reg. 3681, effective March 12, 1985; emergency amendment at 9 Ill. Reg. 4163, effective March 15, 1985, for a maximum of 150 days; emergency amendment at 9 Ill. Reg. 9231, effective May 31, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9420, effective June 7, 1985; amended at 9 Ill. Reg. 10663, effective July 1, 1985; emergency amendment at 9 Ill. Reg. 15043, effective September 24, 1985, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 3325, effective January 22, 1986; amended at 10 Ill. Reg. 3230, effective January 24, 1986; emergency amendment at 10 Ill. Reg. 8904, effective May 13, 1986, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 8928, effective May 13, 1986; emergency amendment at 10 Ill. Reg. 12090, effective June 30, 1986, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 13675,

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

effective July 31, 1986; peremptory amendment at 10 Ill. Reg. 14867, effective August 26, 1986; amended at 10 Ill. Reg. 15567, effective September 17, 1986; emergency amendment at 10 Ill. Reg. 17765, effective September 30, 1986; for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 19132, effective October 28, 1986; peremptory amendment at 10 Ill. Reg. 21097, effective December 9, 1986; amended at 11 Ill. Reg. 648, effective December 22, 1986; peremptory amendment at 11 Ill. Reg. 3363, effective February 3, 1987; peremptory amendment at 11 Ill. Reg. 4388, effective February 27, 1987; peremptory amendment at 11 Ill. Reg. 6291, effective March 23, 1987; amended at 11 Ill. Reg. 5901, effective March 24, 1987; emergency amendment at 11 Ill. Reg. 8787, effective April 15, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 11830, effective July 1, 1987, for a maximum of 150 days; peremptory amendment at 11 Ill. Reg. 13675, effective July 29, 1987; amended at 11 Ill. Reg. 14984, effective August 27, 1987; peremptory amendment at 11 Ill. Reg. 15273, effective September 1, 1987; peremptory amendment at 11 Ill. Reg. 17919, effective October 19, 1987; peremptory amendment at 11 Ill. Reg. 19812, effective November 19, 1987; emergency amendment at 11 Ill. Reg. 20664, effective December 4, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20778, effective December 11, 1987; peremptory amendment at 12 Ill. Reg. 3811, effective January 27, 1988; peremptory amendment at 12 Ill. Reg. 5459, effective March 3, 1988; amended at 12 Ill. Reg. 6073, effective March 21, 1988; peremptory amendment at 12 Ill. Reg. 7783, effective April 14, 1988; emergency amendment at 12 Ill. Reg. 7734, effective April 15, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 8135, effective April 22, 1988; peremptory amendment at 12 Ill. Reg. 9745, effective May 23, 1988; emergency amendment at 12 Ill. Reg. 11778, effective July 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 12895, effective July 18, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 13306, effective July 27, 1988; corrected at 12 Ill. Reg. 13359; amended at 12 Ill. Reg. 14630, effective September 6, 1988; amended at 12 Ill. Reg. 20449, effective November 28, 1988; peremptory amendment at 12 Ill. Reg. 20584, effective November 28, 1988; peremptory amendment at 13 Ill. Reg. 8080, effective May 10, 1989; peremptory amendment at 13 Ill. Reg. 8970, effective May 26, 1989; amended at 13 Ill. Reg. 8849, effective May 30, 1989; emergency amendment at 13 Ill. Reg. 10967, effective June 20, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 11451, effective June 28, 1989; emergency amendment at 13 Ill. Reg. 11854, effective June 30, 1989, for a maximum of 150 days; peremptory amendment at 13 Ill. Reg. 12887, effective July 24, 1989; amended at 13 Ill. Reg. 16950, effective October 20, 1989; amended at 13 Ill. Reg. 19921, effective December 12, 1989; amended at 14 Ill. Reg. 615, effective January 2, 1990; peremptory amendment at 14 Ill. Reg. 1627, effective January 11, 1990; amended at 14 Ill. Reg. 4455, effective March 12, 1990; peremptory amendment at 14 Ill. Reg. _____; amended at 14 Ill. Reg. _____, effective _____.

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

Section 310.230 Part-Time Daily or Hourly Special Services Rate

The rate of pay as approved by the Director of Central Management Services for persons employed on a consultative or part-time basis requiring irregular hours of work shall be as listed below, except the total compensation of an employee in any given month shall not exceed the monthly rate of Step 5 of the salary grade for the title as shown in the Schedule of Salary Grades (Appendix B) if the class title is subject to the schedule of Salary Grades, or Step 5 of the negotiated salary range for classes of positions shown in Section 310.220, Subpart B, Schedule of Rates, or 75% of the maximum rate of those classes of positions subject to the provisions of the Merit Compensation System, Subpart C of this Pay Plan.

Apiary Inspector	\$10 to \$50
Building Grounds Laborer	\$3.50 to \$6.00 (per hour)
Building Grounds Lead I	\$3.50 to \$7.00 (per hour)
Building Grounds Lead II	\$4.50 to \$8.00 (per hour)
Building Grounds Maintenance Worker	\$5.00 to \$6.00 (per hour)
Chaplain I	\$20 to \$70
Chemist I	\$30 to \$45
Conservation Historic Preservation Worker	\$4.50 (per hour)
Conservation Historic Preservation Worker	\$4.64 (per hour)
(2nd season -- site interpretation)	
Conservation Historic Preservation Worker	\$4.78 (per hour)
(3rd season -- site interpretation)	
Dentist I	\$70 to \$150
Dentist II	\$100 to \$185
Educator	\$25 to \$60
Educator Aide	\$18 to \$35
Guard II	\$67 to \$84
Hearing and Speech Specialist-III	\$15-ee-\$30 (per hour)
Hearing and Speech Coordinator	\$15 to \$30 (per hour)
Hearings Referee	\$75 to \$200
Janitor I	\$5.30 (per hour)
Labor Maintenance Lead Worker	\$5.00 to \$6.00 (per hour)
Labor Relations Investigator	\$35 to \$70
Laboratory Technician II	\$26 to \$40
Laborer (Maintenance)	\$3.35 to \$5.50 (per hour)
Lifeguard	\$3.91 (per hour)
Lifeguard Captain	\$4.02 (per hour)
Maintenance Worker	\$3.50 to \$5.00 (per hour)
Nurse-I	\$39-ee-\$54
Nurse-I-(2nd-or-3rd-shift)	\$41-ee-\$56
Nurse-I-(Cook-County)	\$43-ee-\$58
Nurse-I-(Cook-Cor-2nd-or-3rd-shift)	\$44-ee-\$59

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

Nurse-II- (2nd-^{or} 3rd-shift)	\$43-to-\$58
Nurse-II- (Cook-County)	\$44-to-\$59
Nurse-II- (Cook-County)	\$45-to-\$60
Nurse-II- (Cook-County-2nd-^{or} 3rd-shift)	\$47-to-\$62
Occupational Therapist Program Coordinator	\$40 to \$160
Office Aide	\$3.50 to \$7.50 (per hour)
Office Assistant	\$4.00 to \$8.75 (per hour)
	\$42 to \$65
Office Associate	\$4.00 to \$9.50 (per hour)
Optometrist	\$50 to \$160 (daily)
Optometrist	\$15 to \$35 (hourly)
Physician	\$100 to \$300
Physician Specialist (A)	\$100 to \$325 (daily)
Physician Specialist (A)	\$20 to \$60 (hourly)
Physician Specialist (B)	\$100 to \$350 (daily)
Physician Specialist (B)	\$20 to \$70 (hourly)
Physician Specialist (C)	\$100 to \$360 (daily)
Physician Specialist (C)	\$20 to \$75 (hourly)
Physician Specialist (D)	\$100 to \$370 (daily)
Physician Specialist (D)	\$20 to \$85 (hourly)
Podiatrist	\$50 to \$125
Psychologist I	\$35 to \$80
Psychologist II	\$40 to \$125
Psychologist III	\$40 to \$150
Recreation Worker I	\$25 to \$40
Recreation Worker I	\$5.33 (per hour)
Registered Nurse I	\$39 to \$54
Registered Nurse I (2nd or 3rd shift)	\$41 to \$56
Registered Nurse I (Cook County)	\$43 to \$58
Registered Nurse I (Cook County - 2nd or 3rd shift)	\$44 to \$59
Registered Nurse II	\$43 to \$58
Registered Nurse II (2nd or 3rd shift)	\$44 to \$59
Registered Nurse II (Cook County)	\$45 to \$60
Registered Nurse II (Cook County - 2nd or 3rd shift)	\$47 to \$62
Social Worker II	\$35 to \$75
Social Worker III	\$35 to \$80
Student Worker	\$3.35 to \$6.00 (per hour)
Tax Examiner	\$53 to \$73
Technical Advisor II	\$20 to \$35 (per hour)
Technical Advisor III	\$30 to \$60 (per hour)
Technical Advisor IV	\$50 to \$80 (per hour)
Veterinarian II	\$95 to \$130 (daily)

(Source: Amended at 14 Ill. Reg. _____, effective _____)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

Section 310.280 Designated Rate

The rate of pay for a specific position or class of positions where it is deemed desirable to exclude such from the other requirements of this Pay Plan shall be only as designated by the Governor.

Banks and Trust Commission

Technical Advisor IV
(Pos. No. 45254-50-92-300-00-01) Annual Salary
\$50,000

Department of Central Management Services

Executive Press Photographer
(Pos. No. 14000-37-05-000-00-36) Annual Salary
\$31,896

Information System Specialist II
(Pos. No. 21212-37-10-000-09-08) Annual Salary
\$53,172

Department of Commerce & Community Affairs

Commerce & Community Affairs Program Executive
(Pos. No. 08400-42-30-000-00-01) Annual Salary
\$70,680

Executive V
(Pos. No. 13855-42-40-500-00-01) Annual Salary
\$66,612

Department of Conservation

Administrative Assistant IV
(Pos. No. 00504-12-00-000-40-02) Annual Salary
\$60,000

Executive III
(Pos. No. 13853-12-31-600-00-01) Annual Salary
\$51,450
\$54,024

Executive V
(Pos. No. 13855-12-33-000-00-01) Annual Salary
\$67,200

Health Care Cost Containment Council

Executive V
(Pos. No. 13855-50-72-000-00-01) Annual Salary
\$60,420

Illinois Arts Council

Executive Director of the Ill. Arts Council
(Pos. No. 13868-50-90-000-00-01) Annual Salary
\$55,000

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

Department of Insurance

Deputy Director

(Pos. No. 12200-14-00-000-00-01)

Annual Salary
\$72,600Department of Mental Health and Developmental Disabilities

Pharmacy Services Manager

(Pos. No. 32015-22-59-914-10-01)

Annual Salary
\$45,000

Physician Administrator II

(Pos. No. 32212-22-15-600-00-01)

Annual Salary
\$90,000Department of Public Aid

Public Aid Program Executive II

(Pos. No. 35889-33-00-000-00-51)

Annual Salary
\$70,008Department of State Police

Deputy Director

(Pos. No. 12200-21-00-000-00-01)

Annual Salary
\$62,769

Executive V

(Pos. No. 13855-21-00-000-40-01)

Annual Salary
\$55,615

(Source: Amended at 14 Ill. Reg. _____, effective _____)

APPENDIX A

Negotiated Rates of Pay

Section 310. TABLE A HR-190 (Department of Central Management Services -- State of Illinois Building -- SEIU)

Elevator Operator	04-03-89	\$1687.80	\$1722.60	\$1740.00
Building Services Worker		01-16-90	\$1635.60	
Janitor-I	-----	04-03-89	-----	\$1635-60
Janitor-II	-----	04-03-90	-----	\$1635-60
Guard I		06-01-87	\$1435.50	
(Source: Amended at 14 Ill. Reg. _____, effective _____)				

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Claims, Adjudication, Appeals and Hearings
- 2) Code Citation: 56 Ill. Adm. Code 2720
- 3) Section Numbers: Proposed Action:
2720.255 Amended Section
- 4) Statutory Authority: Ill. Rev. Stat. 1987, ch. 48, pars. 349, 409, 420, 450, 451, 452, 453, 455, 456, 470, 471, 473, 474, 474a, 500, 501, 502, 504, 530, 610, 611, 700, 702 and 704, as amended by P. A. 86-0003, effective July 1, 1989.
- 5) A Complete Description of the Subjects and Issues Involved:
Due to the confusion created by the current provision (Section 2720.225) for an automatic appeal to a denial of a request for a rehearing where a party failed to appear at the original hearing, the Department is amending the current rule to require the aggrieved party to separately appeal to the Board of Review if he disagrees with the denial of rehearing.
- 6) Will the proposed amendment replace an emergency amendment currently in effect? No.
- 7) Does this rulemaking contain an automatic repeal date? No.
- 8) Does this proposed amendment contain incorporations by reference? No.
- 9) Are there any other proposed amendments pending on this Part? No.
- 10) Statement of Statewide Policy Objectives? Not Applicable.
- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: All persons who submit a request to comment regarding this proposed amendment within 20 days after this notice has been published in the ILLINOIS REGISTER will be given a reasonable opportunity to submit data, views, arguments or comments. The request shall be addressed to:

Stella Adams Cuthbert, Commissioner
Illinois Department of Employment Security
401 South State Street - 2nd Floor South
Chicago, IL 60605
312-793-4240

12) Initial Regulatory Flexibility Analysis:
Date rules were submitted to the Small Business Office of the Department of Commerce and Community Affairs: May 7, 1990.
Types of small businesses affected: Any employer who has had a request for a rehearing denied by a referee or his supervisor.
Reporting, bookkeeping or other procedures required for compliance: None.
Types of professional skills necessary for compliance: None.
The full text of the Proposed Amendments begin on the next page:

TITLE 56: LABOR AND EMPLOYMENT
CHAPTER IV: DEPARTMENT OF EMPLOYMENT SECURITY
SUBCHAPTER a: GENERAL PROVISIONS
PART 2720
CLAIMS, ADJUDICATION, APPEALS AND HEARINGS
SUBPART A: GENERAL PROVISIONS

Section	
2720.1	Definitions
2720.3	"Week" In Relation To "Benefit Year"
2720.5	Service Of Notices, Decisions, Orders
2720.10	Computation Of Time
2720.15	Disqualification Of Adjudicator, Referee, Or Board Of Review
2720.20	Attorney Representation Of Claimants
2720.25	Form Of Papers Filed
2720.30	Correction Of Technical Errors

SUBPART B: APPLYING FOR UNEMPLOYMENT INSURANCE BENEFITS

Section	
2720.100	Filing A Claim
2720.101	Filing, Registering And Reporting By Mail Under Special Circumstances
2720.105	Time For Filing An Initial Claim For Benefits
2720.106	Dating Of Claims For Weeks Of Partial Unemployment
2720.107	Employing Unit Reports For Partial Unemployment
2720.110	Required Second Visit To Local Office
2720.115	Continuing Eligibility Requirements
2720.120	Time For Filing Claim Certification For Continued Benefits
2720.125	Work Search Requirements For Regular Unemployment Insurance Benefits
2720.126	Availability For Part Time Work Only
2720.127	Director's Approval Of Training
2720.128	Active Search For Work: Attendance At Training Courses
2720.129	Regular Attendance In Approved Training
2720.130	Employing Unit Protest Of Benefit Payment
2720.132	Required Notice By An Employer Of Separation For Alleged Felony Or Theft Connected With The Work
2720.135	Adjudicator Investigation
2720.140	Adjudicator Determination
2720.145	Payment Of Unemployment Insurance Benefits For Initial Claims

DEPARTMENT OF EMPLOYMENT SECURITY

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF PROPOSED AMENDMENTS

NOTICE OF PROPOSED AMENDMENTS

2720.150 Applying For Unemployment Insurance Benefits Under Extension Programs
 2720.155 Non-Resident Application For Benefits
 2720.160 Reconsidered Findings Or Determinations

SUBPART C: APPEALS TO REFEREE

Section
 2720.200 Filing Of Appeal
 2720.205 Notice Of Hearing
 2720.210 Preparation For The Hearing
 2720.215 Format Of Hearings
 2720.220 Ex Parte (One Party Only) Communications
 2720.225 Subpoenas
 2720.227 Depositions
 2720.230 Consolidation Or Severance Of Proceedings
 2720.235 Withdrawal Of Appeal
 2720.240 Continuances
 2720.245 Conduct Of Hearing
 2720.250 Rules Of Evidence
 2720.255 Failure Of Party To Appear At The Scheduled Hearing
 2720.265 The Record
 2720.270 Referee's Decision
 2720.275 Labor Dispute Appeals
 2720.277 Prehearing Conference In Labor Dispute Appeal

SUBPART D: APPEALS TO THE BOARD OF REVIEW

Section
 2720.300 Filing Of Appeal
 2720.305 Notice Of Appeal
 2720.310 Request For Oral Argument
 2720.315 Request For Written Argument Or Additional Evidence
 2720.320 Access To Record
 2720.325 Withdrawal Of Appeal
 2720.330 Consolidation Or Severance Of Appeals
 2720.335 Decision Of The Board Of Review
 2720.340 Extensions Of Time In Which To Issue A Board Of Review Decision
 2720.345 Issuance Of Notice Of Right To Sue

AUTHORITY: Implementing and authorized by Sections 239, 409, 500, 604, 700, 701, 702, 703, 705, 706, 800, 801, 803, 804, 805, 1000, 1001, 1002, 1004, 1200, 1700, 1701, 2300, 2301, 2302 and 2304 of the Unemployment Insurance Act (Ill. Rev. Stat. 1987, ch. 48, pars. 349, 409, 420, 450, 451, 452, 453, 455, 456, 470, 471, 473, 474, 474a, 500, 501, 502, 504, 530, 610, 611, 700, 701, 702 and 704, as amended by P. A. 86-0003, effective July 1, 1989).

SOURCE: Adopted at 8 Ill. Reg. 24957, effective January 1, 1985; amended at 10 Ill. Reg. 12620, effective July 7, 1986; amended at 11 Ill. Reg. 14338, effective August 20, 1987; amended at 11 Ill. Reg. 18671, effective October 29, 1987; amended at 12 Ill. Reg. 14660, effective September 6, 1988; emergency amendments at 13 Ill. Reg. 11890, effective July 1, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 18263, effective November 9, 1989; amended at 14 Ill. Reg. _____, effective _____.

SUBPART C: APPEALS TO REFEREE

Section 2720.255 Failure Of Party To Appear At The Scheduled Hearing

a) Failure of the appellant to appear at the hearing at the time that the hearing is scheduled before the Referee will result in a dismissal of the appeal. If the hearing is scheduled to be conducted by telephone, failure of the appellant to inform the Referee of his telephone number or to answer the telephone at that number, will also result in dismissal of the appeal.

b) Failure of the appellee to appear at the hearing at the time that the hearing is scheduled, or, if a hearing is scheduled to be conducted by telephone, failure of the appellee to inform the Referee of his telephone number, or to answer the telephone at that number, will cause the Referee to issue a decision based on the record made by the Adjudicator and the evidence introduced by the appellant at the hearing.

c) If a party fails to appear and an adverse decision is rendered, that party may, by letter or on the record, request rehearing of the appeal from the Referee or from his supervisor, provided that party has not filed an appeal to the Board of Review pursuant to Section 2720.300. In the event that such an appeal to the Board of Review has been filed, the rehearing request will be denied. The request will be assigned to the same Referee to whom the appeal was originally assigned. Using the following procedure will be used:

- 1) Requests to rehear the appeal must be filed no later than 10 days after the hearing or the date that the party first received notice or should have known of the scheduled hearing, whichever is later, but in no event beyond the time

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF PROPOSED AMENDMENTS

for filing a timely appeal the Board of Review pursuant to Section 2720.300(a)-of-this-Part. Such requests must state the facts showing that failure to appear at the scheduled hearing was caused by reasons outside of the control of the party and by circumstances that could not have been foreseen and avoided.

2) Based on the statements in the request and the facts of the record, the Referee or his supervisor shall:

A) Deny the request, if the requests fails to meet the requirements of subsection (c)(1), and issue a written decision setting forth the reasons for the denial; or

B) If the request meets the requirements of subsection (c)(1), schedule a hearing with notice to all parties (see Section 2720.205-of-this-Part), including a copy of the request to any opposing parties.

3) At the start of the hearing, any party may present its objections to the request. The Referee will consider all objections and responses, and supporting evidence, if any, and will grant or deny the request for a rehearing at that time based on the preponderance of the evidence. If the referee denies the request, he will terminate the proceedings. If the Referee grants the request, he will proceed to conduct a hearing on the merits.

4) If there is an objection to the request, the Referee's decision, in writing or on the record, will contain any findings of fact and reasons for the decision to grant or deny the request. All denials of requests for rehearing shall be in writing.

5) A-denied-request-for-rehearing-shall-be-deemed Notice-of-Appeal-to-the-Board-of-Review--When-a request-is-denied,-the-Agency-shall-process-it in-the-same-manner-as-all-appeals-to-the-Board of-Review-(see-part-2720,-Subpart-D)-If the party disagrees with the denial of the request for rehearing, he must appeal such denial within

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF PROPOSED AMENDMENTS

the time and in the manner set forth in Section 2720.300.

6) A decision to grant a rehearing is not immediately subject to appeal but may be raised by the aggrieved party if an appeal is filed to the decision on the merits of the matter.

Example: A decision is made to grant a rehearing to an appellant. After the rehearing, a decision is made in favor of the appellant. The appellee may appeal this decision to the Board of Review. In his appeal to the Board of Review, the appellee (now the appellant) may request that the Board of Review rule on the propriety of the granting of the rehearing before it goes to the merits of the matter.

(Source: Amended at 14 Ill. Reg. _____, effective _____)

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD
NOTICE OF PROPOSED AMENDMENTS

10) Statement of Statewide Policy Objectives: These amendments will impose no additional requirements on local public employers beyond those imposed by the Act, therefore, the States Mandates Act is inapplicable to these amendments.

11) Time, Place, and Manner in which Interested Persons May Comment on this proposed Rulemaking: Interested persons may present their comments concerning these proposed amendments in writing within 45 days after publication of this edition of the Illinois Register to the following:

Brian E. Reynolds
Executive Director
Illinois State Labor Relations Board
320 West Washington Street, Suite 500
Springfield, Illinois 62701

12) Initial Regulatory Flexibility Analysis:

- A) Date amendments were submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: May 11, 1990.
- B) Types of small businesses affected: These rules do not affect small businesses.
- C) Reporting, bookkeeping or other procedures required for compliance: These rules do not affect small businesses.
- D) Types of professional skills necessary for compliance: These rules do not affect small businesses.

The full text of the Proposed Amendments begins on the next page:

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD
NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: General Procedures

2) Code Citation: 80 Ill. Adm. Code 1200

Proposed Action:

Section Numbers:

- 1200.10 Amendment
- 1200.20 Amendment
- 1200.30 Amendment
- 1200.90 Amendment

4) Statutory Authority: Implementing and authorized by the Illinois Public Labor Relations Act (Ill. Rev. Stat. 1987, ch. 48, pars. 1601 et seq., as amended by P.A. 86-412, effective August 30, 1989).

5) A Complete Description of the Subjects and Issues Involved: These amendments restrict the filing of documents with the Board by electronic transmission in Section 1200.20; impose time limits for the filing of applications seeking to subpoena documents in Section 1200.90; and make technical changes in Sections 1200.10 and 1200.30.

6) Will these proposed amendments replace an emergency rule currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed amendments contain any incorporations by reference? No

9) Are there any other proposed amendments pending on this part? No

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES

SUBTITLE C: LABOR RELATIONS

CHAPTER IV: ILLINOIS STATE LABOR RELATIONS BOARD/

ILLINOIS LOCAL LABOR RELATIONS BOARD

PART 1200

GENERAL PROCEDURES

Section

- 1200.10 Definitions
- 1200.20 Filing and Service of Documents
- 1200.30 Computation and Extensions of Time
- 1200.40 Hearing Officers
- 1200.50 Recording of Hearings
- 1200.60 Oral Argument and Briefs
- 1200.70 Representation of Parties
- 1200.80 Ex Parte Communications
- 1200.90 Subpoenas
- 1200.100 Transfer of Jurisdiction
- 1200.105 Consolidation of Proceedings
- 1200.110 Amicus Curiae Briefs
- 1200.120 Voluntary Settlement or Adjustment of Disputes
- 1200.130 Rules of Evidence
- 1200.140 Declaratory Rulings
- 1200.150 Conflicts of Interest
- 1200.160 Variances and Suspensions of Rules

AUTHORITY: Implementing and authorized by the Illinois Public Labor Relations Act (Ill. Rev. Stat. 1987, ch. 48, pars. 1601 et. seq., as amended by P.A. 86-412, effective August 30, 1989).

SOURCE: Emergency rule adopted at 8 Ill. Reg. 17314, effective September 11, 1984, for a maximum of 150 days; adopted at 9 Ill. Reg. 1846, effective January 25, 1985; amended at 11 Ill. Reg. 6428, effective March 27, 1987; amended at 12 Ill. Reg. 20096, effective November 18, 1988; amended at ____ Ill. Reg. ____, effective ____.

NOTE: Capitalization denotes statutory language.

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

Section 1200.10 Definitions

- a) The term "Act" shall mean the "Illinois Public Labor Relations Act," (Ill. Rev. Stat. ~~1985~~ 1987, ch. 48, pars. 1601 et seq., ~~as now or hereafter amended~~ as amended by P.A. 86-412, effective August 30, 1989).
- b) The term "Board" shall refer to the Illinois State Labor Relations Board and the Illinois Local Labor Relations Board or each Board individually as applicable, or an agent designated by the Board.
- c) The term "charging party" shall mean the person who files an unfair labor practice charge.
- d) The term "respondent" shall mean the party named in an unfair labor practice charge or complaint as having allegedly committed the unfair labor practice.
- e) The term "complaint" shall mean a Board document issued to the parties in an unfair labor practice proceeding, notifying them of a hearing and setting forth the issues of fact or law to be resolved at the hearing.
- f) A hearing officer's recommended opinion or decision and order is not a final decision of the Board, but rather a recommended opinion in the name of the hearing officer, setting forth findings of fact and conclusions of law and reasons therefor. Such a recommended opinion or decision and order will be reviewed by the Board upon the filing of exceptions or on the Board's own motion.
- g) The use of the masculine pronoun shall refer to both genders.
- h) An Executive Director's Report is a report concerning challenges and/or objections to an election. Such a report shall be reviewed by the Board upon the filing of an appeal by a party. Such reports are not intended to be final decisions of the Board, but rather contain the results of investigations and a determination regarding the existence of questions of law or fact sufficient to warrant a hearing. An Executive Director's Dismissal is a document which indicates that no questions of law or fact exist sufficient to warrant a hearing.

(Source: Amended at ____ Ill. Reg. ____, effective ____.)

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

Section 1200.20 Filing and Service of Documents

a) All charges, petitions, mediation requests and other initial documents relating to any proceeding before the Illinois State Labor Relations Board shall be filed in the Board's Springfield office, which office shall be designated as the State Board's principal office. All subsequent documents shall be filed in either the Board's Springfield or Chicago office, as directed by the Board. All documents relating to any proceeding before the Illinois Local Labor Relations Board shall be filed with the Board's office in Chicago which shall be designated as the Local Board's principal office. Two copies of each document shall be filed.

b) Whenever these rules require that a document be on a form developed by the Board, the document may be prepared on a form obtained from the Board or on a facsimile thereof. Minor deviations in the form of a document shall not be grounds for objecting to the document. Minor deviations are those concerning form rather than substance which therefore do not prejudice the other parties to a proceeding.

c) Except as otherwise provided in this Part, all initial pleadings or documents in a matter before the Board shall be served on the appropriate parties by the Board by certified mail.

d) Except as otherwise provided, all documents, except those listed in subsection (c), above, shall be served by the party filing the document on the appropriate parties. Evidence submitted to the Board in the course of an investigation shall not be subject to this requirement. When a party is represented in a proceeding before the Board, service shall be on the party's representative. When a party is not represented, service shall be on the party. The document shall be accompanied by proof of service. Proof of service shall consist of a written statement, signed by the party effecting service, detailing the name of the party served and the date and manner of service.

e) The filing of documents with the Board by electronic transmission, such as telefax machine or computer modem, will not be accepted, except when specifically requested by the Board.

(Source: Amended at Ill. Reg. _____, effective _____)

Section 1200.30 Computation and Extensions of Time

a) In computing any period of time prescribed by the Act or these rules,

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

the day of the act, event, or default after which the designated period of time begins to run shall not be included. The last day of the period so computed shall be included. If the last day falls on a Saturday, Sunday, or legal holiday, the time period shall be automatically extended to the next day that is not a Saturday, Sunday or legal holiday.

b) When a time period prescribed under the Act or these rules is less than seven days, intervening Saturdays, Sundays, or legal holidays shall not be included.

c) Service of a document upon a party by mail shall be presumed complete 3-three days after mailing, if proof of service shows the document was properly addressed. This presumption may be overcome by the addressee, with evidence establishing that the document was not delivered or was delivered at a later date. A party's failure to accept or claim a document served by mail shall not be grounds overcoming the presumption.

d) Extensions of time will be granted only upon timely application to the Board or the presiding hearing officer, and only upon the showing of a good cause.

e) In all matters, a document shall be considered filed with the Board on the date that it is received by the Board.

(Source: Amended at Ill. Reg. _____, effective _____)

Section 1200.90 Subpoenas

a) Following the issuance of a complaint for hearing or a notice of representation hearing, THE BOARD SHALL HAVE THE POWER TO ISSUE SUBPOENAS upon written application of a party. The Board or the hearing officer may require the party requesting issuance of subpoenas to demonstrate, among other factors, that the request is reasonably required to carry out the proceedings before the Board. The application shall contain the name and address of the party and its representative, and the name of the person to be subpoenaed, and a description of any documents to be produced, and the date, time and place of the appearance to be commanded. The date and time may be prior to the hearing when the application seeks to subpoena documents only. Applications seeking to subpoena documents must be filed with the Board at least five days prior to the date on which the documents are to be produced and at least five days prior to the date of the hearing.

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

NOTICE OF PROPOSED AMENDMENTS

- b) A person objecting to the subpoena may file a motion to revoke the subpoena. Grounds for revocation shall include irrelevance, burdensomeness and privilege. The motion must be filed no later than five days after service of the subpoena.
- c) Subpoenas in impasse proceedings shall be handled in accordance with 80 Ill. Adm. Code 1230.90(d). Motions to revoke the subpoena in such proceedings shall be filed with the arbitrator or fact-finder.
- d) Witnesses appearing at a hearing pursuant to subpoena are entitled to the same fees and mileage as are allowed witnesses in civil cases in the courts of the State of Illinois, pursuant to Section 47 of "AN ACT concerning fees and salaries, and to classify the several counties of the state with reference thereto." (Ill. Rev. Stat. 1987, ch. 53, par. 65). The party at whose request the subpoena was issued shall be responsible for service of the subpoena and for ensuring that witness fees and mileage are paid.
- e) Board employees shall not be subpoenaed.

(Source: Amended at ____ Ill. Reg. ____, effective ____)

1) Heading of the Part: Impasse Resolution

2) Code Citation: 80 Ill. Adm. Code 1230

3) Section Numbers:

Proposed Action:

1230.10	Amendment
1230.20	Amendment
1230.30	Amendment
1230.40	Amendment
1230.50	Amendment
1230.60	Amendment
1230.70	Amendment
1230.80	Amendment
1230.90	Amendment
1230.100	Amendment
1230.110	Amendment
1230.140	Amendment
1230.150	Amendment
1230.160	Amendment
1230.180	Amendment
1230.190	Amendment
1230.200	Amendment
1230.220	Amendment

- 4) Statutory Authority: Implementing Sections 7, 12, 13, 17 and 18 and authorized by Section 5(i) and (j) of the Illinois Public Labor Relations Act (Ill. Rev. Stat. 1987, ch. 48, pars. 1607, 1612, 1613, 1617, 1618, 1605(i) and (j), as amended by P.A. 86-412, effective August 30, 1989).

- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking makes changes to comply with the amendments to the Illinois Public Labor Relations Act in Sections 1230.60, 1230.70, 1230.80, 1230.180, 1230.200 and 1230.220; and makes technical changes in Sections 1230.10, 1230.20, 1230.30, 1230.40, 1230.50, 1230.60, 1230.90, 1230.100, 1230.110, 1230.140, 1230.150, 1230.160, 1230.180, 1230.190.

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

- C) Reporting, bookkeeping or other procedures required for compliance: These rules do not affect small businesses.
- D) Types of professional skills necessary for compliance: These rules do not affect small businesses.

The full text of the Proposed Amendments begins on the next page:

ILLINOIS REGISTER

7701

90

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

- 6) Will these proposed amendments replace an emergency rule currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Do these proposed amendments contain any incorporations by reference? No
- 9) Are there any other proposed amendments pending on this part? No

10) Statement of Statewide Policy Objectives: These amendments will impose no additional requirements on local public employers beyond those imposed by the Act, therefore, the States Mandates Act is inapplicable to these amendments.

- 11) Time, Place, and Manner in which Interested Persons May Comment on this Proposed Rulemaking: Interested persons may present their comments concerning these proposed amendments in writing within 45 days after publication of this edition of the Illinois Register to the following:

Brian E. Reynolds
Executive Director
Illinois State Labor Relations Board
320 West Washington Street, Suite 500
Springfield, Illinois 62701

12) Initial Regulatory Flexibility Analysis:

- A) Date amendments were submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: May 11, 1990.
- B) Types of small businesses affected: These rules do not affect small businesses.

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES

SUBTITLE C: LABOR RELATIONS

CHAPTER IV: ILLINOIS STATE LABOR RELATIONS BOARD/

ILLINOIS LOCAL LABOR RELATIONS BOARD

PART 1230

IMPASSE RESOLUTION

SUBPART A: STATEMENT OF PURPOSE AND DEFINITION

Section

1230.10 General Statement of Purpose
1230.20 Definitions

SUBPART B: IMPASSE PROCEDURES FOR PROTECTIVE SERVICES UNITS

Section

1230.30 General Purpose of this Subpart
1230.40 Filing of Contracts
1230.50 Bargaining Notices for Protective Services Units
1230.60 Mediation
1230.70 Demand for Compulsory Interest Arbitration
1230.80 Composition of the Arbitration Panel
1230.90 Conduct of the Interest Arbitration Hearing
1230.100 The Arbitration Award
1230.110 Employer Review of the Award

SUBPART C: IMPASSE PROCEDURES FOR GENERAL PUBLIC EMPLOYEE UNITS

Section

1230.120 General Purpose of this Subpart
1230.130 Filing of Contracts
1230.140 Bargaining Notices for General Public Employee Units
1230.150 Mediation
1230.160 Fact-finding
1230.170 Voluntary Interest Arbitration
1230.180 Strikes
1230.190 Petitions for Strike Investigations

SUBPART D: GRIEVANCE ARBITRATION AND MEDIATION

Section

1230.200 Grievance Arbitration
1230.210 Grievance Mediation

SUBPART E: ILLINOIS PUBLIC EMPLOYEE MEDIATION/ARBITRATION ROSTER

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

Section

1230.220 Mediation/Arbitration Roster

AUTHORITY: Implementing Sections 7, 12, 13, 17 and 18 and authorized by Section 5(i) and (j) of the Illinois Public Labor Relations Act (Ill. Rev. Stat. 1987, ch. 48, pars. 1607, 1612, 1613, 1617, 1618, 1605(i) and (j), as amended by P.A. 86-412, effective August 30, 1989).

SOURCE: Emergency rule adopted at 8 Ill. Reg. 17322, effective September 11, 1984, for a maximum of 150 days; adopted at 9 Ill. Reg. 1857, effective January 25, 1985; Part repealed, new Part adopted at 11 Ill. Reg. 6434, effective March 27, 1987; amended at 12 Ill. Reg. 20102, effective November 18, 1988; amended at _____ Ill. Reg. _____, effective _____.

NOTE: Capitalization denotes statutory language.

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

Section 1230.10 General Statement of Purpose

- a) In creating this Part, it is the Illinois State and Local Labor Relations Boards' ("Board") intent to be cognizant of the interests of labor organizations, public employers and employees, and the general public in assuring stable labor relations in the public sector. In pursuit of this objective, it is incumbent upon both labor organizations and public employers to adhere to and comply with the rules and regulations set forth herein, particularly those provisions which set forth time periods and those provisions which set forth requirements for filing, with the Board, contracts, bargaining notices and other documents.
- b) The regulations contained in this Part detail the procedures for giving required notices during collective bargaining, for resolving impasses in collective bargaining, for making appointments to the Illinois Public Employees Mediation/Arbitration Roster, and for the selection of mediators, fact-finders and arbitrators from the Roster. The regulations in this Part implement the policies of the Illinois Public Labor Relations Act ("Act") (Ill. Rev. Stat. 1987, ch. 48, pars. 1601 et seq., as amended by P.A. 86-412, effective August 30, 1989) to provide peaceful and orderly procedures to protect the rights of public employers, public employees, labor organizations and the general public, to prevent labor strife and to protect the public health and safety.

(Source: Amended at ---- Ill. Reg. _____, effective _____)

Section 1230.20 Definitions

In addition to the following definitions, the definitions in the Board's General Rules (80 Ill. Adm. Code 1200.10) also apply to this Part.

"Fact-finding" shall mean a process whereby an employer and an exclusive representative submit their disputes concerning the terms of a new collective bargaining agreement to a neutral third party for non-binding findings of fact and recommendations.

"General public employee unit" shall mean any bargaining unit of employees who, because they are not subject to Section 14 of the Act, have the right to strike in accordance with Section 17 of the Act.

"Grievance arbitration" shall mean a process whereby an employer and an exclusive representative submit a dispute concerning the interpretation or application of an existing collective bargaining agreement to a neutral

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

third party for resolution.

"Grievance mediation" shall mean a process whereby an employer and an exclusive representative employ a neutral third party to communicate with the parties and endeavor to bring about an amicable, voluntary resolution of a dispute over the interpretation or application of an existing collective bargaining agreement.

"Initial contract" shall refer to negotiations for a collective bargaining agreement covering a bargaining unit that is not currently covered by a collective bargaining agreement between the exclusive representative and the employer.

"Interest arbitration" shall mean a process whereby an employer and an exclusive representative submit their disputes concerning the terms of a new collective bargaining agreement for resolution by a neutral third party. "Compulsory interest arbitration" shall refer to interest arbitration engaged in pursuant to Section 14 of the Act. "Voluntary interest arbitration" shall refer to all other interest arbitration engaged in under the Act.

"Mediation" shall mean a process whereby an employer and an exclusive representative employ a neutral third party to communicate with the parties and endeavor to bring about an amicable, voluntary resolution of negotiations over the terms of a new collective bargaining agreement.

"Protective services unit" shall mean any bargaining unit subject to Section 14 of the Act in which the employees accordingly do not have the right to strike. Such units are UNITS OF SECURITY EMPLOYEES OF A PUBLIC EMPLOYER, PEACE OFFICER UNITS, OR UNITS OF FIREFIGHTERS OR PARAMEDICS. (Ill. Rev. Stat. 1985, ch. 48, par. 1614(a)).

"Successor contract" shall refer to negotiations for a collective bargaining agreement covering a bargaining unit that is currently covered by a collective bargaining agreement between the exclusive representative and the employer.

(Source: Amended at ---- Ill. Reg. _____, effective _____)

SUBPART B: IMPASSE PROCEDURES FOR PROTECTIVE SERVICES UNITS

1230.30 General Purpose of this Subpart

SECURITY OFFICERS OF PUBLIC EMPLOYERS, AND PEACE OFFICERS, FIREFIGHTERS AND FIRE DEPARTMENT AND FIRE PROTECTION DISTRICT PARAMEDICS MAY NOT WITHHOLD

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

SERVICES, NOR MAY PUBLIC EMPLOYERS LOCK OUT OR PREVENT SUCH EMPLOYEES FROM PERFORMING SERVICES AT ANY TIME. (Ill. Rev. Stat., 1985, 1987, ch. 48, par. 1614(m)). This subpart implements the PUBLIC POLICY OF THE STATE OF ILLINOIS THAT WHERE THE RIGHT OF EMPLOYEES TO STRIKE IS PROHIBITED BY LAW, IT IS NECESSARY TO AFFORD AN ALTERNATE, EXPEDITIOUS, EQUITABLE AND EFFECTIVE PROCEDURE FOR THE RESOLUTION OF LABOR DISPUTES SUBJECT TO APPROVAL PROCEDURES MANDATED BY THE ACT. (Ill. Rev. Stat., 1985, 1987, ch. 48, par. 1602). To achieve this policy objective, it is incumbent upon the parties to comply with the procedures established and to observe the time periods provided in this Subpart.

(Source: Amended at ___ Ill. Reg. ___, effective ___)

Section 1230.40 Filing of Contracts

a) To enable the Board to fulfill its responsibilities under the Act and to ensure peaceful and orderly procedures for the resolution of collective bargaining disputes and to provide for expeditious and effective processing of requests for Board impasse resolution services, the following requirements shall apply:

1) Within 60 days after a collective bargaining agreement has been reached, each labor organization and each employer shall be responsible for filing with the Board two copies of any collective bargaining agreement that is subject to the Act. The collective bargaining agreements shall be accompanied by Board form 035, setting forth the names, addresses and telephone number--numbers of the parties and their representatives, the contract's execution and expiration dates, the composition of the bargaining unit and whether the unit is a general public employee unit or a protective services unit.

2) Upon receipt of the contract, the Board shall assign a contract number and shall notify the exclusive representative and the employer in writing of that number. The parties shall refer to the contract number when filing notices pursuant to this Part, or requests for Board impasse resolution services.

b) The Board's acceptance of the contract for filing and assigning of a contract number is not determinative of the existence of a valid historical unit or of a valid collective bargaining relationship between the parties or that the contract is sufficient to establish a contract bar under 80 Ill. Adm. Code 1210.70.

(Source: Amended at ___ Ill. Reg. ___, effective ___)

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

Section 1230.50 Bargaining Notices for Protective Services Units

a) The following notice requirements shall apply where the parties are bargaining for a successor contract:

1) Pursuant to Section 7 of the Act, any party wishing to terminate or modify an existing collective bargaining agreement shall serve on the other party a written notice of their intent to terminate or modify. The notice shall be served on the other party 60 days prior to the scheduled termination date of the existing agreement. A copy of the notice shall be filed with the Board by the party wishing to terminate or modify at the same time it is served on the other party. The notice filed with the Board shall reference the existing contract's number as assigned pursuant to Section 1230.40 of this Part.

2) If, no later than 30 days after service of the notice of the intent to terminate or modify, the parties have not reached agreement on a new contract, the party who filed the notice shall serve on the other party and the Board a Notice of No Agreement. Such Notice shall be on Board form 036 and shall set forth:

- A) whether the parties are engaged in mediation and, if so, with whom;
- B) if the parties are not in mediation, a statement--as to whether the parties desire the Board's assistance in obtaining mediation;
- C) if the parties are not in mediation and do not require the Board's assistance in obtaining mediation, a statement from the parties that they are fully aware of Section 14's mandate that they engage in mediation 30 days prior to the expiration of a contract.

b) The following notice requirements shall apply where the parties are bargaining for an initial contract:

1) Any time after the Board certifies an exclusive representative or at any time where there exists a valid historical bargaining relationship but no current contract, any party may serve on the other party a written demand for bargaining. A copy of the demand for bargaining shall be filed with the Board by the party making the demand at the same time it is served on the other party. The parties shall begin bargaining at any reasonable

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

time thereafter.

- 2) Thirty days after the initial bargaining session between the parties, the party who filed the demand for bargaining shall file with the Board a Notice of Status of Negotiations. Such Notice shall be on Board form 037 and set forth:

- A) whether the parties are engaged in mediation and, if so, with whom;
- B) if the parties are not in mediation, ~~a statement as to~~ whether the parties desire the Board's assistance in obtaining mediation.

- c) Upon completing negotiations for either a successor or initial contract, the parties shall file with the Board a copy of the contract pursuant to Section 1230.40(a)(1) of this Part.

(Source: Amended at Ill. Reg. _____, effective _____)

Section 1230.60 Mediation

- a) Parties concerned with protective services units shall commence mediation as follows, unless provided for in an alternate impasse procedure under Section 1614(p) of the Act:

- 1) In bargaining for a successor contract, UNLESS THE PARTIES MUTUALLY AGREE TO SOME OTHER TIME LIMIT, 30 days prior to expiration of the contract (Ill. Rev. Stat. 1987, ch. 48, par. 1614(a), as amended by P.A. 86-412, effective August 30, 1989).

- 2) In bargaining for an initial contract MEDIATION SHALL COMMENCE UPON 15 DAYS OF NOTICE FROM EITHER PARTY OR AT SUCH LATER TIME AS THE MEDIATION SERVICES CHOSEN PURSUANT TO SUBSECTION (b) OF SECTION 12 CAN BE PROVIDED TO THE PARTIES (Ill. Rev. Stat. 1987, ch. 48, par. 1614(a)).

- b) If the parties desire Board assistance in engaging a mediator, they shall file a Request for Mediation with the Board on Board form 038. The Board shall provide the parties with a panel of at least three mediators listed on the Public Employees Mediation/Arbitration Roster. The parties shall have seven days from receipt of the list to choose one of the persons on the panel or any other person they choose to serve as mediator. If, at the end of this seven-day period, the parties have not notified the Board of their selection,

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

the Board shall appoint a mediator.

- c) Mediation shall be conducted as follows:

- 1) THE FUNCTION OF THE MEDIATOR SHALL BE TO COMMUNICATE WITH THE EMPLOYER AND THE EXCLUSIVE REPRESENTATIVE OR THEIR REPRESENTATIVES AND TO ENDEAVOR TO BRING ABOUT AN AMICABLE AND VOLUNTARY SETTLEMENT. (Ill. Rev. Stat. 1987, ch. 48, par. 1612(a)).

- 2) The mediator may hold joint and separate conferences with the parties. The conferences shall be private unless the parties otherwise agree.

- 3) Information disclosed by a party to a mediator in the performance of mediation functions shall not be disclosed voluntarily or by compulsion. All files, records, reports, documents, or other papers prepared by a mediator shall be considered confidential. The mediator shall not produce any such confidential records of, or testify in regard to, any mediation conducted by him, on behalf of any party to any cause pending in any type of proceeding.

- 4) The mediator shall keep the Board apprised of the status of the negotiations.

- d) Compensation for the mediator shall be paid equally by the parties, however, IF EITHER PARTY REQUESTS THE USE OF MEDIATION SERVICES FROM THE FEDERAL MEDIATION AND CONCILIATION SERVICE, THE OTHER PARTY SHALL EITHER JOIN IN SUCH REQUEST OR BEAR THE ADDITIONAL COST OF MEDIATION SERVICES FROM ANOTHER SOURCE. (Ill. Rev. Stat. 1987, ch. 48, par. 1614(a)).

(Source: Amended at Ill. Reg. _____, effective _____)

Section 1230.70 Demand for Compulsory Interest Arbitration

- a) ~~When negotiating for successor contracts, either party may file on the other party a demand for compulsory interest arbitration on Board form 117 at any time beginning 14 days prior to the scheduled expiration of the existing contract, provided that the parties have either engaged in mediation, agreed to waive mediation, or the party seeking arbitration has made a good faith request to engage in mediation which the other party has refused.~~

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

- b) When negotiating for an initial contract or a successor contract, IF ANY DISPUTE HAS NOT BEEN RESOLVED WITHIN 15 DAYS AFTER THE FIRST MEETING OF THE PARTIES AND THE MEDIATOR, OR WITHIN SUCH OTHER TIME LIMIT AS MAY BE MUTUALLY AGREED UPON BY THE PARTIES (Ill. Rev. Stat. 1987, ch. 48, par. 1614(a), as amended by P.A. 86-412, effective August 30, 1989), either party may file on the other party a Demand for Compulsory Interest Arbitration.

- c) Demands for compulsory interest arbitration shall also be filed with the Board on Board form 117 and shall include the names, addresses and telephone numbers of the parties and their representatives, the contract number and expiration date of the existing contract if there is one, the date mediation began or was waived or refused, the date the Notice of No Agreement was filed or, in initial contract negotiations, the date the Notice of Status of Negotiations was filed.

- d) ARBITRATION PROCEDURES SHALL BE DEEMED TO BE INITIATED BY THE FILING OF A Demand-for-Compulsory-Interest-Arbitration--a request for mediation (Ill. Rev. Stat. 1987, ch. 48, par. 1614(j) as amended by P.A. 86-412, effective August 30, 1989).

(Source: Amended at Ill. Reg. _____, effective _____)

Section 1230.80 Composition of the Arbitration Panel

- a) Unless otherwise agreed to in writing by the parties, the arbitration panel shall consist of three members: the employer's delegate, the exclusive representative's delegate and the neutral chairman.
- b) Selection of the neutral chairman shall proceed as follows:
- 1) Upon-Within seven days of receipt of a timely filed Demand for Compulsory Interest Arbitration, the Board shall send the parties a list of seven interest arbitrators selected from the Illinois Public Employees Mediation/Arbitration Roster, unless the parties have notified the Board of an agreement to use an alternate source of interest arbitrators. The parties may agree to use an alternate source of interest arbitrators at any time prior to appointment of an arbitrator by the Board.
 - 2) Within-five-days-following-the-receipt-of-the-list,-the-parties shall-notify-the-Board-of-the-person-they-have-selected.-The

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

- parties-may-select-an-individual-on-the-list-provided-by-the Board-or-any-other-individual-mutually-agreed-upon-by-the parties--Unless-the-parties-agree-on-an-alternate-selection procedure,-they-shall-alternately-strike-one-name-from-the-list provided-by-the-Board-until-only-one-name-remains--A-coin-toss shall-determine-which-party-shall-strike-the-first-name.

- 2) THE PARTIES MAY SELECT AN INDIVIDUAL ON THE LIST PROVIDED BY THE BOARD OR ANY OTHER INDIVIDUAL MUTUALLY AGREED UPON BY THE PARTIES. WITHIN SEVEN DAYS FOLLOWING THE RECEIPT OF THE LIST, THE PARTIES SHALL NOTIFY THE BOARD OF THE PERSON THEY HAVE SELECTED. UNLESS THE PARTIES AGREE ON AN ALTERNATE SELECTION PROCEDURE, THEY SHALL ALTERNATIVELY STRIKE ONE NAME FROM THE LIST PROVIDED BY THE BOARD UNTIL ONLY ONE NAME REMAINS. A COIN TOSS SHALL DETERMINE WHICH PARTY SHALL STRIKE THE FIRST NAME. (Ill. Rev. Stat. 1987, ch. 48, par. 1614(c), as amended by P.A. 86-412, effective August 30, 1989.)

- 3) If-the-parties-fail-to-notify-the-Board-in-a-timely-manner-of their-selection-for-neutral-chairman,-the-Board-shall-appoint-a neutral-chairman--from--the--Illinois--Public--Employees Mediation/Arbitration Roster.

- 3) IF THE PARTIES FAIL TO NOTIFY THE BOARD IN A TIMELY MANNER OF THEIR SELECTION FOR NEUTRAL CHAIRMAN, THE BOARD SHALL APPOINT A NEUTRAL CHAIRMAN FROM THE ILLINOIS PUBLIC EMPLOYEES MEDIATION/ARBITRATION ROSTER. (Ill. Rev. Stat. 1987, ch. 48, par. 1614(c), as amended by P.A. 86-412, effective August 30, 1989.)

- 4) If the neutral chairman is unable or unwilling to commence the hearing within 15 days following his appointment or within such additional time period to which the parties may agree pursuant to Section 1230.90(a) of this Part, or if the neutral chairman is otherwise unable or unwilling to serve, the parties shall notify the Board within five days. The Board shall provide the parties with a second list of seven interest arbitrators from the Illinois Public Employees Mediation/Arbitration Roster. Within five-seven days after the Board provides the list, the parties shall select an individual from the list or any other individual to serve as neutral chairman. If the parties fail to notify the Board of their selection, the Board shall appoint a neutral chairman. Except in exceptional circumstances, the Board shall not supply the parties with more than two lists of interest arbitrators.

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARDILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

NOTICE OF PROPOSED AMENDMENTS

c) Within ten-10 days following the filing of the demand for compulsory interest arbitration, each party shall notify the Board of the name, address and telephone number of its delegate to the interest arbitration panel. Delegates who are public officers or public employees shall continue on the payroll of the public employer during the arbitration proceeding without loss of pay.

d) Upon receipt of the names of the delegates and upon selection of a neutral chairman, the Board shall notify the neutral chairman in writing of his appointment. The date of receipt of such notice shall be the date of the neutral chairman's appointment.

(Source: Amended at Ill. Reg. _____, effective _____)

Section 1230.90 Conduct of the Interest Arbitration Hearing

a) The neutral chairman of the arbitration panel shall provide the parties with reasonable notice of a hearing to commence within 15 days following his appointment. The parties may agree in writing to extend the time for commencement of the hearing for a period of time not to exceed 90 days. The hearing shall conclude within 30 days following its commencement, unless the parties agree to extend this period.

b) The arbitration panel shall be responsible for choosing the location of the hearing and securing the premises. The Board hereby deems it appropriate for hearings to take place at the location selected by the panel. Requests to use the hearing rooms at the Board's offices must be made to the Board at least ten-10 days in advance, and will only be granted if space is available.

c) The neutral chairman SHALL PRESIDE OVER THE HEARING AND SHALL TAKE TESTIMONY. (Ill. Rev. Stat.--1985 1987, ch. 48, par. 1614(d)). The neutral chairman shall control the hearing to ensure that it is concluded expeditiously within 30 days after its commencement or within such longer period to which the parties may agree.

d) The neutral chairman shall have the authority to issue subpoenas in accordance with 80 Ill. Adm. Code 1200.90. Subpoenas shall be secured by the neutral chairman from the Board's office. IF ANY PERSON REFUSES TO OBEY A SUBPOENA, OR REFUSES TO BE SWORN OR TO TESTIFY, OR IF ANY WITNESS, PARTY OR REPRESENTATIVE IS GUILTY OF CONTEMPT WHILE IN ATTENDANCE AT THE HEARING, (Ill. Rev. Stat.--1985 1987, ch. 48, par. 1614(e)) the neutral chairman may advise the Board's General Counsel. The General Counsel shall request the

assistance of the Attorney General to INVOKE THE AID OF THE CIRCUIT COURT WITHIN THE JURISDICTION IN WHICH THE HEARING IS BEING HELD. (Ill. Rev. Stat.--1985 1987, ch. 48, par. 1614(e)).

e) The arbitration proceeding shall be informal. TECHNICAL RULES OF EVIDENCE SHALL NOT APPLY AND THE COMPETENCE OF EVIDENCE SHALL NOT THEREBY BE DEEMED IMPAIRED. (Ill. Rev. Stat.--1985 1987, ch. 48, par. 1614(d)).

f) THE ARBITRATION PANEL MAY ADMINISTER OATHS, REQUIRE THE ATTENDANCE OF WITNESSES AND THE PRODUCTION OF BOOKS, PAPERS, CONTRACTS, AGREEMENTS, AND DOCUMENTS AS MAY BE DEEMED BY IT TO BE MATERIAL TO A JUST DETERMINATION OF THE ISSUES IN DISPUTE. (Ill. Rev. Stat.--1985 1987, ch. 48, par. 1614(e)).

g) The hearing proceedings shall be transcribed. The arbitration panel shall arrange for the recording and transcription of the proceedings. The costs of recording and transcribing the hearing shall be shared equally by the parties. Any party that desires a copy of the transcript shall be responsible for the cost of its copy.

h) The neutral chairman, IF HE IS OF THE OPINION THAT IT WOULD BE USEFUL OR BENEFICIAL TO DO SO, MAY REMAND THE DISPUTE TO THE PARTIES FOR FURTHER COLLECTIVE BARGAINING FOR A PERIOD NOT TO EXCEED TWO WEEKS. (Ill. Rev. Stat.--1985 1987, ch. 48, par. 1614(f)). The chairman shall notify the Board in writing of any such remand. If the dispute is remanded to the parties, the running of the time period for conclusion of the hearing shall be stayed.

i) MAJORITY ACTIONS AND RULINGS SHALL CONSTITUTE THE ACTIONS AND RULINGS OF THE ARBITRATION PANEL. (Ill. Rev. Stat.--1985 1987, ch. 48, par. 1614(d)).

j) ARBITRATION PROCEEDINGS SHALL NOT BE INTERRUPTED OR TERMINATED BY REASON OF ANY UNFAIR LABOR PRACTICE CHARGES INVOLVING EITHER PARTY. (Ill. Rev. Stat.--1985 1987, ch. 48, par. 1614(d)).

k) Whenever one party has objected in good faith to the presence of an issue before the arbitration panel on the ground that the issue does not involve a subject over which the parties are required to bargain, the arbitration panel's award shall not consider that issue. However, except as provided in Sections 1230.90(1) and (m) of this Part, the arbitration panel may consider and render an award on any issue that has been declared by the Board, or by the General Counsel pursuant to 80 Ill. Adm. Code 1200.140(b), to be a subject over which the parties are required to bargain.

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

1) In arbitration proceedings involving peace officers, the arbitration panel shall not consider or render an award on residency requirements, the total number of employees employed by the department, mutual aid and assistance agreements to other units of government, and the criteria by which force, including deadly force, can be used. The panel shall consider the type of equipment, other than uniforms, issued or used, or manning levels only if it finds that the issue involves A SERIOUS RISK TO THE SAFETY OF A PEACE OFFICER BEYOND THAT WHICH IS INHERENT IN THE NORMAL PERFORMANCE OF POLICE DUTIES. (Ill. Rev. Stat.-1985 1987, ch. 48, par. 1614(4)).

m) In arbitration proceedings involving firefighters or paramedics employed by fire departments or fire protection districts, the arbitration panel shall not consider or render an award on residency requirements, the total number of employees employed by the department, mutual aid and assistance agreements to other units of government, and the criteria by which force, including deadly force, can be used. The panel shall consider the type of equipment, other than uniforms, issued or used, only if it finds that the issue involves A SERIOUS RISK TO THE SAFETY OF A FIRE FIGHTER BEYOND THAT WHICH IS INHERENT IN THE NORMAL PERFORMANCE OF FIRE FIGHTER DUTIES. (Ill. Rev. Stat.-1985 1987, ch. 48, par. 1614(i)). These limitations shall not apply to any provision of a firefighter collective bargaining agreement in effect and applicable as of January 1, 1986.

n) If issues of peace officer manning, or peace officer, firefighter or paramedic equipment are raised, unless otherwise agreed to by the parties, the panel shall receive evidence concerning the existence of a serious safety risk beyond that which is inherent in the normal performance of the employee's duties and evidence concerning the merits of the issue in the same proceeding.

o) The arbitration panel shall:

- 1) determine which issues are in dispute and which of those issues are economic issues and serve a copy of that determination on the parties; and
- 2) require the parties to submit their final offers of settlement on each economic issue in dispute;
- 3) The panel need not determine whether, with regard to protective service employees, equipment or manning issues involve serious safety risks beyond that which is inherent in the normal performance of the employees' duties at this stage of the proceeding.

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

4) The panel may allow the parties reasonable additional time, as determined by the number and the complexity of the issues, for presenting written or oral arguments in support of their positions. The hearing shall be considered concluded when final offers are submitted or when written or oral arguments are presented, whichever is later.

p) The neutral chairman's fee, the costs of recording and transcribing the hearing, the rent, if any for the hearing room, and all other costs of the proceeding, except for supplemental proceedings necessitated by an employer's rejection of an arbitration award, shall be shared equally by the parties.

(Source: Amended at _____ Ill. Reg. _____, effective _____)

Section 1230.100 The Arbitration Award

a) WITHIN 30 DAYS AFTER THE CONCLUSION OF THE HEARING OR SUCH FURTHER ADDITIONAL PERIODS TO WHICH THE PARTIES MAY AGREE (Ill. Rev. Stat. 1985 1987, ch. 48, par. 1614(g)), the panel shall issue, serve on the parties, and file with the Board its award and findings of fact. The award shall be considered issued on the date it is served on the parties. The panel shall file a certificate of service with the Board.

b) The award shall contain findings of fact and a written opinion concerning each issue in dispute. THE DETERMINATION OF THE ARBITRATION PANEL AS TO THE ISSUES IN DISPUTE AND AS TO WHICH OF THESE ISSUES ARE ECONOMIC SHALL BE CONCLUSIVE. (Ill. Rev. Stat.-1985 1987, ch. 48, par. 1614(g)). With respect to each economic issue in dispute, the panel shall adopt the final offer of one of the parties, based on the following factors:

- 1) THE LAWFUL AUTHORITY OF THE EMPLOYER (Ill. Rev. Stat.-1985 1987, ch. 48, par. 1614(h)(1));
- 2) STIPULATIONS OF THE PARTIES (Ill. Rev. Stat.-1985 1987, ch. 48, par. 1614(h)(2));
- 3) THE INTERESTS AND WELFARE OF THE PUBLIC AND THE FINANCIAL ABILITY OF THE UNIT OF GOVERNMENT TO MEET THESE COSTS. (Ill. Rev. Stat.-1985 1987, ch. 48, par. 1614(h)(3)).
- 4) COMPARISON OF THE WAGES AND CONDITIONS OF EMPLOYMENT OF THE EMPLOYEES INVOLVED IN THE ARBITRATION PROCEEDING WITH THE WAGES,

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

HOURS AND CONDITIONS OF EMPLOYMENT OF OTHER EMPLOYEES PERFORMING SIMILAR SERVICES AND WITH OTHER EMPLOYEES GENERALLY:

- A) IN PUBLIC EMPLOYMENT IN COMPARABLE COMMUNITIES.
- B) IN PRIVATE EMPLOYMENT IN COMPARABLE COMMUNITIES. (Ill. Rev. Stat.-1985 1987, ch. 48, par. 1614(h)(4)).
- 5) THE AVERAGE CONSUMER PRICES FOR GOODS AND SERVICES, COMMONLY KNOWN AS THE COST OF LIVING. (Ill. Rev. Stat.-1985 1987, ch. 48, par. 1614(h)(5)).
- 6) THE OVERALL COMPENSATION PRESENTLY RECEIVED BY THE EMPLOYEES, INCLUDING DIRECT WAGE COMPENSATION, VACATIONS, HOLIDAYS AND OTHER EXCUSED TIME, INSURANCE AND PENSIONS, MEDICAL AND HOSPITALIZATION BENEFITS, THE CONTINUITY AND STABILITY OF EMPLOYMENT AND ALL OTHER BENEFITS RECEIVED. (Ill. Rev. Stat.-1985 1987, ch. 48, par. 1614(h)(6)).
- 7) CHANGES IN ANY OF THE FOREGOING CIRCUMSTANCES DURING THE PENDENCY OF THE ARBITRATION PROCEEDINGS. (Ill. Rev. Stat.-1985 1987, ch. 48, par. 1614(h)(7)).
- 8) SUCH OTHER FACTORS, NOT CONFINED TO THE FOREGOING, WHICH ARE NORMALLY OR TRADITIONALLY TAKEN INTO CONSIDERATION IN THE DETERMINATION OF WAGES, HOURS AND CONDITIONS OF EMPLOYMENT THROUGH VOLUNTARY COLLECTIVE BARGAINING, MEDIATION, FACT-FINDING, ARBITRATION OR OTHERWISE BETWEEN THE PARTIES, IN THE PUBLIC SERVICE OR IN PRIVATE EMPLOYMENT. (Ill. Rev. Stat.-1985 1987, ch. 48, par. 1614(h)(8)).

c) With respect to each noneconomic issue in dispute, the panel shall base its award on the applicable factors set forth in Section 1230.100(b) of this Part.

d) If peace officer manning issues, or peace officer, fire fighter or paramedic equipment issues are in dispute, the panel shall first make its findings and conclusions concerning the presence of a serious risk to employee safety beyond that which is inherent in the normal performance of the employee's duties. If the panel finds that such a serious risk exists, the panel shall render an award in accordance with this Part.

e) THE COMMENCEMENT OF A NEW MUNICIPAL FISCAL YEAR AFTER THE INITIATION OF ARBITRATION PROCEDURES (Ill. Rev. Stat.-1985 1987, ch. 48, par. 1614(j)) shall not render the proceeding moot. Awards of wage

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

increases may be effective only at the start of the fiscal year beginning after the date of the award; however, if a new fiscal year began after the initiation of arbitration proceedings, an award of wage increases may be retroactive to the beginning of that fiscal year.

(Source: Amended at Ill. Reg. _____, effective _____)

Section 1230.110 Employer Review of the Award

a) ALL OF THE TERMS DECIDED UPON BY THE ARBITRATION PANEL SHALL BE INCLUDED IN AN AGREEMENT TO BE SUBMITTED TO THE PUBLIC EMPLOYER'S GOVERNING BODY FOR RATIFICATION AND ADOPTION BY LAW, ORDINANCE OR EQUIVALENT APPROPRIATE MEANS. (Ill. Rev. Stat.-1985 1987, ch. 48, par. 1614(n)).

b) THE GOVERNING BODY SHALL REVIEW EACH TERM DECIDED BY THE ARBITRATION PANEL. (Ill. Rev. Stat.-1985 1987, ch. 48, par. 1614(n)).

c) The governing body may reject any terms of the award BY A THREE-FIFTHS VOTE OF THOSE DULY ELECTED AND QUALIFIED MEMBERS OF THE GOVERNING BODY. (Ill. Rev. Stat.-1985 1987, ch. 48, par. 1614(n)). Such rejection vote must occur within 20 days after service of the award. The governing body shall provide written reasons for its rejection and shall serve those reasons on the parties and the neutral chairman no later than 20 days after the rejection vote. The governing body shall file a copy of its reasons and a certificate of service with the Board. The reasons for rejection shall be considered issued on the date that they are served on the neutral chairman.

d) Any terms not rejected in accordance with this Section shall become a part of the parties' collective bargaining agreement.

e) The neutral chairman shall call together the panel and convene a supplemental interest arbitration hearing within 30 days after issuance of the reasons for rejection. The supplemental hearing shall be conducted in accordance with Section 1230.90 of this Part.

f) The parties may mutually agree to select a different neutral chairman for the supplemental hearing, provided they notify the Board and the original neutral chairman within seven days after service of the reasons for rejection of the award.

g) ALL REASONABLE COSTS OF SUCH SUPPLEMENTAL PROCEEDINGS, INCLUDING THE

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

EXCLUSIVE REPRESENTATIVE'S REASONABLE ATTORNEY'S FEES, SHALL BE PAID BY THE EMPLOYER. (Ill. Rev. Stat.-1985 1987, ch. 48, par. 1614(o)). If the employer refuses to pay any costs or attorney's fees, the exclusive representative may submit the costs and/or fees to the Board's General Counsel for a determination of reasonableness. The General Counsel shall certify the amount determined to be reasonable and the employer shall promptly pay such amount to the exclusive representative.

- h) Any supplemental award rendered by the arbitration panel shall be subject to governing body review in accordance with this Section.

(Source: Amended at _____ Ill. Reg. _____, effective _____)

SUBPART C: IMPASSE PROCEDURES FOR GENERAL PUBLIC EMPLOYEE UNITS

Section 1230.140 Bargaining Notices for General Public Employee Units

The following notice requirements shall apply when the parties are bargaining for a successor contract for a general public employee unit:

- a) Pursuant to Section 7 of the Act, any party wishing to terminate or modify an existing collective bargaining agreement shall serve on the other party a written demand for bargaining. The demand for bargaining shall be served on the other party 60 days prior to the scheduled termination date of the existing agreement. Service of the demand for bargaining CONTINUES IN FULL FORCE AND EFFECT, WITHOUT RESORT TO STRIKE OR LOCKOUT, ALL THE TERMS AND CONDITIONS OF THE EXISTING CONTRACT FOR A PERIOD OF 60 DAYS AFTER SUCH DEMAND NOTICE IS GIVEN TO THE OTHER PARTY OR UNTIL THE EXPIRATION DATE OF SUCH CONTRACT, WHICHEVER OCCURS LATER. (Ill. Rev. Stat.-1985 1987, ch. 48, par. 1607(4)). A copy of the demand for bargaining shall be filed with the Board by the party making the demand at the same time it is served on the other party. The demand for bargaining shall reference the existing contract's number as assigned pursuant to Section 1230.130 of this Part.

- b) Upon completing negotiations for either a successor or initial contract, the parties shall file with the Board a copy of the contract pursuant to Section 1230.130(a)(1) of this Part.
- c) Any time after the parties have commenced negotiations, either party may request fact finding or mediation/arbitration services. Such requests shall be filed in accordance with this Subpart.

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

(Source: Amended at _____ Ill. Reg. _____, effective _____)

Section 1230.150 Mediation

- a) Requests for mediation shall be on Board form 038. Joint requests for mediation may be made by telephone, provided that a written request follows immediately.

- b) Requests for mediation in negotiations for either successor or initial contracts may be made at any time after the parties have commenced negotiations.

- c) Requests for mediation shall generally be made jointly. Unilateral requests for mediation may be made only after the party requesting mediation has asked the other party to join in the request and the other party has refused. Unilateral requests for mediation shall be accompanied by a written statement setting forth the circumstances of the other party's refusal to join in the request. Upon receipt of a unilateral request for mediation, the Board shall investigate the request. If the Board's investigation discloses that the request was properly filed under this Part, that bargaining has not resulted in an agreement, and that mediation would assist the parties, the Board shall grant the request. Unilateral requests filed by the exclusive representative in conformance with this Section shall satisfy the precondition for a lawful strike set forth in Section 17(a)(4) of the Act.

- d) Whenever the Board grants a request for mediation it shall provide the parties with a panel of at least three mediators listed on the Public Employees Mediation/Arbitration Roster. The parties shall have seven days from receipt of the list to choose one of the persons on the panel or any other person they choose to serve as mediator. If at the end of this seven-day period the parties have not notified the Board of their selection, the Board shall appoint a mediator.

- e) Mediation shall be conducted as follows:

- 1) THE FUNCTION OF THE MEDIATOR SHALL BE TO COMMUNICATE WITH THE EMPLOYER AND THE EXCLUSIVE REPRESENTATIVE OR THEIR REPRESENTATIVES AND TO ENDEAVOR TO BRING ABOUT AN AMICABLE AND VOLUNTARY SETTLEMENT. (Ill. Rev. Stat. 1987, ch. 48, par. 1612(a)).
- 2) The mediator may hold joint and separate conferences with the parties. The conferences shall be private unless the parties

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

90

NOTICE OF PROPOSED AMENDMENTS

otherwise agree.

- 3) Information disclosed by a party to a mediator in the performance of mediation functions shall not be disclosed voluntarily or by compulsion. All files, records, reports, documents, or other papers prepared by a mediator shall be considered confidential. The mediator shall not produce any confidential records of, or testify in regard to, any mediation conducted by him, on behalf of any party to any case pending in any type of proceeding.

- 4) The mediator shall keep the Board apprised of the status of the negotiations.

- f) Compensation of the mediator shall be paid equally by the parties, however, IF EITHER PARTY REQUESTS THE USE OF MEDIATION SERVICES FROM THE FEDERAL MEDIATION AND CONCILIATION SERVICE, THE OTHER PARTY SHALL EITHER JOIN IN SUCH REQUEST OR BEAR THE ADDITIONAL COST OF MEDIATION SERVICES FROM ANOTHER SOURCE. (Ill. Rev. Stat. 1987, ch. 48, par. 1617(a)(5)).

(Source: Amended at Ill. Reg. _____, effective _____)

Section 1230.160 Fact-finding

- a) The parties may agree in writing to the use of fact-finding in resolving their disputes.

- b) Requests for fact-finding shall be filed on Board form 038 and shall be accompanied by a copy of the parties' agreement to use fact-finding.

- c) Upon receipt of the request for fact-finding, the Board shall supply the parties with a list of seven fact-finders listed on the Public Employees Mediation/Arbitration-Arbitration Roster. The parties shall select one individual from the list to serve as fact-finder within ten-10 days of service of the list. If the parties advise the Board that they are unable to select one of the seven individuals on the list, the Board shall provide a second list. Except in extraordinary circumstances, the Board shall not provide more than two lists. The parties shall notify the Board of the name of the individual they select to serve as fact-finder. Upon being so notified, the Board shall appoint the fact-finder.

- d) If fact-finding follows mediation, the parties may agree to use the

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

90

NOTICE OF PROPOSED AMENDMENTS

mediator as fact-finder, provided that the mediator is not a Board employee.

- e) The fact-finding hearing shall be conducted as follows:

- 1) THE PERSON APPOINTED AS FACT-FINDER SHALL IMMEDIATELY ESTABLISH THE DATES AND PLACE OF HEARING.

- 2) UPON REQUEST, THE BOARD SHALL ISSUE SUBPOENAS FOR HEARINGS CONDUCTED BY THE FACT-FINDER.

- 3) THE FACT-FINDER MAY ADMINISTER OATHS. (Ill. Rev. Stat. --1985 1987, ch. 48, par. 1613(b)).

- f) The fact-finder shall issue his report and findings as follows:

- 1) The fact-finder shall serve his findings and report on the parties and the Board within 45 days after his appointment, unless the parties mutually agree to extend the time period.

- 2) Within five days after service of the findings and report, the fact-finder shall mail his findings and report to all newspapers of general circulation in the community as mutually designated by the parties, unless the parties mutually request otherwise.

- g) The costs of the fact-finding proceeding shall be shared equally by the parties.

(Source: Amended at Ill. Reg. _____, effective _____)

Section 1230.180 Strikes

Employees in general public employee units have the right to strike, provided that the following conditions have been met:

- a) THE EMPLOYEES ARE REPRESENTED BY AN EXCLUSIVE BARGAINING REPRESENTATIVE (Ill. Rev. Stat. --1985 1987, ch. 48, par. 1617(a)(1)) that has been certified by the Board or that has a valid claim to status as an historical bargaining representative pursuant to Section 3(f) of the Act;

- b) THE COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PUBLIC EMPLOYER AND THE PUBLIC EMPLOYEES, IF ANY, HAS EXPIRED, OR SUCH AGREEMENT DOES NOT PROHIBIT THE STRIKE. (Ill. Rev. Stat. --1985 1987, ch. 48, par. 1617(a)(2)). Pursuant to Section 8 of the Act, a collective

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

bargaining agreement must contain provisions prohibiting strikes for the agreement's duration and providing for a grievance procedure culminating in final and binding arbitration of disputes over the interpretation of the agreement unless the parties agree to forgo these provisions.

- c) THE PUBLIC EMPLOYER AND THE LABOR ORGANIZATION HAVE NOT MUTUALLY AGREED TO SUBMIT THE DISPUTED ISSUES TO FINAL AND BINDING ARBITRATION. (Ill. Rev. Stat.-1985 1987, ch. 48, par. 1617(a)(3)).
- d) THE EXCLUSIVE REPRESENTATIVE HAS REQUESTED A MEDIATOR PURSUANT TO SECTION 12 (~~Ill. Rev. Stat.-1985, ch. 48, par. 1617(a)(4)~~) of the Act and Section 1230.150 of this Part AND MEDIATION HAS BEEN USED (Ill. Rev. Stat. 1987, ch. 48, par. 1617(a)(4), as amended by P.A. 86-412, effective August 30, 1989).
- e) AT LEAST FIVE DAYS HAVE ELAPSED AFTER A NOTICE OF INTENT TO STRIKE HAS BEEN GIVEN BY THE EXCLUSIVE REPRESENTATIVE TO THE PUBLIC EMPLOYER. (Ill. Rev. Stat.-1985 1987, ch. 48, par. 1617(a)(5)). A copy of the notice shall be filed with the Board and shall reference the contract number in cases of negotiations for successor contracts or the certification case number in cases of negotiations for initial contracts. The five day time period shall be calculated in accordance with 80 Ill. Adm. Code 1200.30(a) and (b).

(Source: Amended at Ill. Reg. _____, effective _____)

Section 1230.190 Petitions for Strike Investigations

- a) IF A STRIKE, WHICH MAY CONSTITUTE A CLEAR AND PRESENT DANGER TO THE HEALTH AND SAFETY OF THE PUBLIC IS ABOUT TO OCCUR OR IS IN PROGRESS, THE PUBLIC EMPLOYER CONCERNED MAY (Ill. Rev. Stat.-1985 1987, ch. 48, par. 1618(a)) file with the Board a petition for a strike investigation.
- b) A petition for a strike investigation shall be on form 039 by the Board and shall contain:
 - 1) the name, address and telephone number of the petitioner;
 - 2) the name, address, telephone number and affiliation, if any, of the labor organization that is threatening or conducting the strike;
 - 3) the name, address and telephone number of the parties'

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

representatives;

- 4) the date that the strike began or is threatened to begin;
- 5) a detailed description of the danger posed by the strike to the public health and safety.
- c) Petitioner shall attach to its petition copies of all relevant evidence, including affidavits, of the existence of a strike or the threat of a strike, and of the existence of a CLEAR AND PRESENT DANGER TO THE HEALTH AND SAFETY OF THE PUBLIC. (Ill. Rev. Stat.-1985 1987, ch. 48, par. 1618).
- d) The employer shall serve a copy of the petition on the labor organization prior to or simultaneously with its filing with the Board. Service shall be in person or by overnight delivery.
- e) The Board shall investigate the petition. If there are disputed issues of material fact, the Board shall hold an expedited hearing. The Board shall issue its findings within 72 hours following the filing of the petition.
- f) If the Board finds that there is no strike or threat of a strike, or that there is no CLEAR AND PRESENT DANGER TO THE HEALTH AND SAFETY OF THE PUBLIC, (Ill. Rev. Stat.-1985 1987, ch. 48, par. 1618) or that the employer is otherwise not entitled to relief pursuant to Section 18 of the Act, the Board shall serve its findings on the parties. The employer may refile its petition for a strike investigation only if it alleges that circumstances have changed since the filing of the Board's findings.

- g) If the Board finds that there is a strike or a threat of a strike that poses a CLEAR AND PRESENT DANGER TO THE HEALTH AND SAFETY OF THE PUBLIC, (Ill. Rev. Stat.-1985 1987, ch. 48, par. 1618) and the Board finds that the employer is otherwise entitled to relief pursuant to Section 18 of the Act, the Board shall serve its findings on the parties.
- h) Whenever a court enjoins a strike and orders interest arbitration in accordance with Section 14 of the Act, Section 1230.80 through 1230.110 of this Part shall govern the arbitration.

(Source: Amended at Ill. Reg. _____, effective _____)

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

Section 1230.200 Grievance Arbitration

- a) Unless mutually agreed otherwise, every collective bargaining agreement between an employer and a labor organization which covers employment subject to the Act shall contain a grievance procedure which has as its last step final and binding grievance arbitration. The parties may use the Illinois Public Employees Mediation/Arbitration Roster or any other source for selection of grievance arbitrators.
- b) Whenever ~~the parties request~~ either party requests, unless the collective bargaining agreement provides for an alternative source, the Board shall provide a panel of up to seven grievance arbitrators selected from the Illinois Public Employees Mediation/Arbitration Roster. Requests shall be submitted on Board form 132. If the parties are unable to select an arbitrator from the first panel, the Board shall provide a second panel. The Board shall not provide more than two panels.

(Source: Amended at _____ Ill. Reg. _____, effective _____)

SUBPART E: ILLINOIS PUBLIC EMPLOYEES MEDIATION/ARBITRATION ROSTER

Section 1230.220 Mediation/Arbitration Roster

- a) The Boards shall establish an Illinois Public Employees Mediation/Arbitration Roster and shall make its services available for mediation, fact-finding, interest arbitration, grievance arbitration, and grievance mediation. The Roster shall list qualified mediators, fact-finders, interest arbitrators, and grievance arbitrators. A person may be qualified in more than one category.
- b) Appointment to the Roster shall be based upon a majority vote of the members of both Boards, after application by the individual. The application shall be on a form developed by the Boards.
- c) In making appointments to the Roster, the Boards shall consider such factors as experience and training, membership on other recognized mediation or arbitration panels, education, prior published awards, current advocacy in employment relations matters, letters of recommendation supporting the application, and any other relevant material supplied by the applicant or requested by the Boards. Individuals appointed to the Roster shall be residents of the State of Illinois. The members of the Public Employees

ILLINOIS REGISTER

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Representation Proceedings

- 2) Code Citation: 80 Ill. Adm. Code 1210

Section Numbers:	Proposed Action:
1210.10	Amendment
1210.30	Amendment
1210.40	Amendment
1210.50	Amendment
1210.60	Amendment
1210.70	Amendment
1210.100	Amendment
1210.110	Amendment
1210.120	Amendment
1210.140	Amendment
1210.150	Amendment
1210.160	Amendment
1210.170	Amendment
1210.180	Amendment
1210.190	Amendment

- 4) Statutory Authority: Implementing Section 9 and authorized by Sections 5(i) and (j) of the Illinois Public Labor Relations Act (Ill. Rev. Stat. 1987, ch. 48, pars. 1609, 1605(i) and (j), as amended by P.A. 86-412, effective August 30, 1989).

- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking changes the time period of 14 days to 10 days for filing an appeal from a dismissal of a representation petition in Section 1210.100; changes the time period of 5 days to 10 days for filing an appeal from an Executive Director's Report on challenges and/or objections to an election in Section 1210.150; changes the notice procedures for voluntary recognition requests in Section 1210.160; changes the notice procedures, answer requirement and objections procedures for petitions to amend or clarify an existing bargaining unit in Section 1210.170; and makes technical changes in Sections 1210.10, 1210.30, 1210.40, 1210.50, 1210.60, 1210.70, 1210.110, 1210.120, 1210.140, 1210.160, 1210.180 and 1210.190.

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

6) Will these proposed amendments replace an emergency rule currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed amendments contain any incorporations by reference? No

9) Are there any other proposed amendments pending on this part? No

10) Statement of Statewide Policy Objectives: These amendments will impose no additional requirements on local public employers beyond those imposed by the Act, therefore, the States Mandates Act is inapplicable to these amendments.

11) Time, Place, and Manner in which Interested Persons May Comment on this proposed Rulemaking: Interested persons may present their comments concerning these proposed amendments in writing within 45 days after publication of this edition of the Illinois Register to the following:

Brian E. Reynolds
Executive Director
Illinois State Labor Relations Board
320 West Washington Street, Suite 500
Springfield, Illinois 62701

12) Initial Regulatory Flexibility Analysis:

A) Date amendments were submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: May 11, 1990.

B) Types of small businesses affected: These rules do not affect small businesses.

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

C) Reporting, bookkeeping or other procedures required for compliance: These rules do not affect small businesses.

D) Types of professional skills necessary for compliance: These rules do not affect small businesses.

The full text of the Proposed Amendments begins on the next page:

NOTICE OF PROPOSED AMENDMENTS

NOTICE OF PROPOSED AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES

SUBTITLE C: LABOR RELATIONS

CHAPTER IV: ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

PART 1210

REPRESENTATION PROCEEDINGS

Section	
1210.10	General Statement of Purpose
1210.20	Labor Organization Options in Seeking Recognition
1210.30	Employer Options in Responding to Recognition Requests
1210.40	Representation Petitions
1210.50	Intervention Petitions
1210.60	Decertification Petitions
1210.70	Timeliness of Petitions
1210.80	Showing of Interest
1210.90	Posting of Notice
1210.100	Processing of Petitions
1210.110	Consent Elections
1210.120	Bargaining Unit Determinations
1210.130	Eligibility of Voters
1210.140	Conduct of the Election
1210.150	Objections to the Election
1210.160	Voluntary Recognition Procedures
1210.170	Petitions for Amendment or Clarification of the Bargaining Unit
1210.180	Petitions to Amend Certification
1210.190	Expedited Elections Pursuant to Section 10(b)(7)(C) of the Act

AUTHORITY: Implementing Section 9 and authorized by Section 5(i) and (j) of the Illinois Public Labor Relations Act (Ill. Rev. Stat. 1987, ch. 48, pars. 1609, 1605(i) and (j), as amended by P.A. 86-412, effective August 30, 1989).

SOURCE: Emergency rule adopted at 8 Ill. Reg. 16014, effective August 22, 1984, for a maximum of 150 days; adopted at 9 Ill. Reg. 1870, effective January 25, 1985; amended at 11 Ill. Reg. 6461, effective March 27, 1987; amended at 12 Ill. Reg. 20110, effective November 18, 1988; amended at Ill. Reg. _____, effective _____.

NOTE: Capitalization denotes statutory language.

Section 1210.10 General Statement of Purpose

The regulations contained in this Part detail the procedures that employers, employees and labor organizations should use for employer voluntary recognition of a labor organization and for instituting representation and related proceedings. These procedures are the exclusive means by which a public employer may recognize a labor organization after the effective date of these rules. Any other purported recognition effected after the effective date of these rules shall not bar representation petitions, nor shall any collective bargaining agreement negotiated by the parties pursuant to the purported recognition bar representation petitions pursuant to the "Illinois Public Labor Relations Act" ("Act") (Supp.--to-Ill. Rev. Stat.--1983 1987, ch. 48, pars. 1601 et seq., as amended by P.A. 86-412, effective August 30, 1989) (the Act).

(Source: Amended at _____ Ill. Reg. _____, effective _____.)

Section 1210.30 Employer Options in Responding to Recognition Requests

a) An employer faced with a request for recognition in a bargaining unit that is not currently represented by a labor organization may agree to resort to the voluntary recognition procedures set forth in Section 1210.160 of this Part; may consent to a representation election; may file a representation petition with the Board; or may decline to respond to the request.

b) An employer faced with a request for recognition in a bargaining unit in which another labor organization is recognized in accordance with the Act may file a representation petition with the Board or may decline to respond to the request. The employer may not voluntarily recognize the labor organization.

(Source: Amended at _____ Ill. Reg. _____, effective _____.)

Section 1210.40 Representation Petitions

a) A representation petition may be filed by:

- 1) an employee, a group of employees, or a labor organization; or
- 2) an employer, ALLEGING THAT ONE OR MORE LABOR ORGANIZATIONS HAVE PRESENTED A CLAIM TO BE RECOGNIZED AS AN EXCLUSIVE BARGAINING REPRESENTATIVE OF A MAJORITY OF THE EMPLOYEES IN AN APPROPRIATE UNIT. (Supp.--to-Ill. Rev. Stat.--1983 1987, ch. 48, par. _____)

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

1609(a)(2)).

- b) Representation petitions shall be signed by a representative of the petitioning party and shall contain:

- 1) the name, address and telephone number of the employer;
- 2) the name, address, telephone number and affiliation, if any, of the labor organization;
- 3) the name, address and telephone number of petitioner's representative;
- 4) a specific and detailed description of the proposed bargaining unit which petitioner claims to be appropriate, including employee classifications or job titles to the extent known;
- 5) a statement of whether the proposed unit combines professional and non-professional employees;
- 6) a statement of whether the proposed unit combines craft and noncraft employees;
- 7) the approximate number of employees in the proposed bargaining unit;
- 8) the name of any existing exclusive representative of any employees in the proposed bargaining unit;
- 9) a brief description of any collective bargaining agreements covering any employees in the proposed bargaining unit, and the expiration dates of the agreements;
- 10) the date that the employer recognized any existing exclusive representative of any employees in the proposed bargaining unit, and the method of recognition;
- 11) election and/or recognition history prior to July 1, 1984, to the extent known; and
- 12) in the case of a petition filed by an employer, a statement that one or more labor organizations has demanded recognition.

- c) The Board shall serve the representation petition on the appropriate parties as follows:

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

- 1) Employer petitions shall be served on the labor organizations that have demanded recognition, and on the existing exclusive representative, if any.
- 2) Employee and labor organization petitions shall be served on the employer and on the existing exclusive representative, if any.
- d) Employee and labor organization petitions shall be accompanied by a showing of interest that at least 30 percent of the employees in the petitioned for bargaining unit wish to be represented by the labor organization.
- e) A petition may seek joint representation by two or more labor organizations if an instrument, such as a joint council, has been established to effectuate the joint representation. In such instances, the petition shall describe the instrument, and the showing of interest shall expressly designate joint representation.
- f) A labor organization may withdraw its representation petition as follows:
 - 1) If there are no intervenors, at any time. However, any such withdrawal which occurs after the direction of an election or the approval of a consent election agreement shall bar the labor organization from petitioning for an election in a bargaining unit covering all or part of the petitioned for unit for six months following the withdrawal.
 - 2) If there are intervenors, the labor organization may not withdraw its petition without the consent of all parties. However, the labor organization may file a statement signed by its authorized representative that it no longer wishes to appear on the ballot. The statement shall be filed no later than ten 10 days prior to the election. Upon receipt of such a statement, the Board shall strike the labor organization's name from the ballot.

(Source: Amended at ____ Ill. Reg. ____, effective ____)

Section 1210.50 Intervention Petitions

- a) An intervention petition may be filed by an employee, a group of employees, or a labor organization.
- b) Intervention petitions shall be signed by a representative of the

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

petitioning party and shall contain the same information as is required for representation petitions.

- c) Intervention petitions may be filed with the Board no later than 15 days prior to the date of the election. However, any intervenor who files after the commencement of the hearing or, if no hearing is held, after the approval of a consent election agreement or the direction of an election, shall have waived objections to the bargaining unit.
- d) Intervention petitions shall be accompanied by a showing of interest that at least ~~ten~~ 10 percent of the employees in a bargaining unit substantially similar to the petitioned for unit or at least 30 percent of the employees in a bargaining unit that is not substantially similar to the petitioned for unit wish to be represented by the labor organization. In determining whether the proposed bargaining units are substantially similar, the Board will consider the number and type of employees included in each of the proposed units. The proposed units will not be considered substantially similar whenever less than 50 percent of the employees in the originally proposed unit are included in the unit proposed by the intervenor.

(Source: Amended at Ill. Reg. _____, effective _____)

Section 1210.60 Decertification Petitions

- a) The purpose of a decertification proceeding is to determine whether a majority of the employees in an appropriate bargaining unit maintain their desire to be represented by the existing exclusive bargaining representative.
- b) A petition to decertify an existing exclusive representative may be filed with the Board. The petition shall be served by the Board on the exclusive representative and on the employer. The petition shall be on a form developed by the Board. It shall be signed and shall contain the following:
 - 1) the name, address and telephone number of the petitioner and of the petitioner's representative;
 - 2) the name, address, telephone number and affiliation, if any, of the exclusive representative;
 - 3) the name, address and telephone number of the employer;

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

- 4) a specific and detailed description of the bargaining unit including employee classifications or job titles;
- 5) the approximate number of employees in the bargaining unit;
- 6) the date that the exclusive representative was recognized and the method of recognition, if known; and
- 7) a brief description of any collective bargaining agreements covering any employees in the bargaining unit, and the expiration dates of the agreements.
- c) A petition to decertify an existing exclusive representative must be supported by a 30 percent showing of interest.
- d) An employer may not instigate a decertification petition filed by an employee or group of employees.
- e) The Executive Director, when convinced that the petition is filed in accordance with Section-Sections 1210.60(c) and Section-1210.70 of this Part, and contains no issues of law or fact sufficient to warrant a hearing, shall direct an election as expeditiously as possible. The parties shall be given 10 days after service of the Executive Director's Order Directing Election to appeal the Order to the Board.

(Source: Amended at Ill. Reg. _____, effective _____)

Section 1210.70 Timeliness of Petitions

- a) Representation and decertification petitions may not be filed:
 - 1) within 12 months following a valid Board-conducted election among all or some of the employees in the bargaining unit. The 12-month period shall run from the date on which the Board certifies the results of the election;
 - 2) within 12 months following voluntary recognition and Board certification of an exclusive representative of all or some of the employees in the bargaining unit. The 12-month period shall run from the date of certification; or
 - 3) whenever there is in effect a collective bargaining agreement of three years or shorter duration covering all or some of the employees in the bargaining unit. Collective bargaining

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

agreements of longer than three years duration shall serve as a bar for the first three years of their existence. In all cases, representation and decertification petitions may be filed between 90 days and 60 days prior to the scheduled expiration date of a collective bargaining agreement of three years or less duration, or between 90 and 60 days prior to the end of the third year of an agreement of more than three years duration or anytime after the end of the third year of an agreement of more than three years duration.

- b) A collective bargaining agreement shall not bar the filing of a representation or decertification petition if the agreement is between an employer and an employee organization recognized by the employer after the effective date of these rules without having used the voluntary recognition or representation election procedures specified in the Act and these regulations.

(Source: Amended at Ill. Reg. _____, effective _____)

Section 1210.100 Processing of Petitions

- a) Within seven days after service of a petition, an employer shall file a list containing the full names of the employees in the proposed bargaining unit. In the event the employer does not supply the list within seven days, the Board shall administratively determine the adequacy of the showing of interest, based on the information provided by the union.
- b) All parties served with a representation or decertification petition may file a response to the petition. Any response filed shall set forth the positions of the parties with respect to the matters asserted in the petition, including, but not limited to, the appropriateness of the bargaining unit and, to the extent known, whether any employees sought by petitioner to be included in the unit are supervisory, managerial or confidential. If a party agrees to the appropriateness of the unit proposed in the petition, it shall so indicate. If a party disagrees with the unit proposed in the petition, it shall describe with particularity what it considers to be an appropriate unit, and shall include a description of the job titles and classifications of the employees to be included and of those to be excluded.
- c) The setting forth of a party's position with respect to the appropriate unit shall not be deemed to waive or otherwise preclude the right of that party to subsequently assert a different position

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

with respect to what unit it considers to be appropriate.

- d) Petitions to intervene in the election may be filed with the Board no later than 15 days prior to the date of the election. However, any intervenor who files after the date set for hearing or, if no hearing is held, after the approval of a consent election agreement or the direction of an election, shall have waived objections to the bargaining unit.
- e) Upon receipt of the petition, the Board or its agent shall investigate the petition. The Executive Director shall dismiss a petition when a petition has been filed untimely; when the bargaining unit is clearly inappropriate; when the showing of interest is not adequate; when the employer is not covered by the Act; when the employees are not covered by the Act; and when for any other reason there is no reasonable cause to believe that a question of representation exists. The parties shall be given 14-10 days after service of the Dismissal to appeal the Dismissal to the Board. If the investigation discloses that there is reasonable cause to believe that a question concerning representation exists the Board shall set the matter for hearing before a hearing officer. All parties shall be given a minimum of 14 days notice of the hearing. If the only issues remaining between the parties after the investigation are logistical, e.g. the date of the election, the Executive Director may issue an Order Directing Election. The parties shall be given 10 days after service of the Executive Director's Order Directing Election to appeal the Order to the Board.

- f) Interested persons, other than labor organizations, who may be necessary to the proceedings, who wish to intervene in the hearing shall direct such requests to the hearing officer. The request shall be in writing and shall state the grounds for intervention. The hearing officer shall have discretion to grant or deny the request for intervention. The decision shall be based upon the interests of the intervenor, whether those interests will be adequately protected by existing parties, and the timeliness of the intervenor's request.
- g) The hearing officer may schedule a prehearing conference or request statements of position when it appears to the hearing officer that such would expedite the procedure.
- h) The hearing shall be non-adversarial in nature. All parties may present evidence and make arguments, subject to the control of the hearing officer.
- i) The hearing officer shall inquire fully into all matters in dispute,

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

and shall obtain a full and complete record. The hearing officer shall file and serve on the parties a recommended disposition of the case as expeditiously as possible.

j) Exceptions

- 1) Parties may file exceptions to the hearing officer's recommendation and briefs in support of those exceptions no later than 14 days after service of the recommendation. Parties may file responses to exceptions and briefs in support of the responses no later than 10 days after service of the exceptions. Each party shall serve its exceptions, responses, and briefs on the other parties. Parties desiring oral argument before the Board shall request oral argument and provide the reasons for the requests in their exceptions or responses. The Board will grant or deny requests for oral argument depending upon the significance, complexity and novelty of the issues. If no exceptions have been filed within the 14-day period, the parties will be deemed to have waived their exceptions.

2) Requirements

A) Each exception

- i) shall set forth specifically the questions of procedure, fact, law, or policy to which exceptions are taken;
- ii) shall identify that part of the hearing officer's opinion or decision to which objection is made; and
- iii) shall state the grounds for the exceptions and shall include the citation of authorities unless set forth in a supporting brief.

B) Any exception to a ruling, finding, conclusion, or recommendation which is not specifically urged shall be deemed to have been waived. Any exception which fails to comply with the foregoing requirements may be disregarded.

- 3) Any brief in support of exceptions shall be confined to the subjects raised in the exceptions and shall contain, in the order indicated, the following:

A) A clear and concise statement of the case containing all that is material to the consideration of the questions presented.

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

- B) A specification of the questions involved and to be argued.
- C) The argument, presenting clearly the points of fact and law relied upon in support of the position taken on each question.

- 4) Briefs in support of responses to exceptions shall be limited to the questions raised in the exceptions and in the brief in support thereof. It shall present clearly the points of fact and law relied upon in support of the positions taken on each question.

k) The Board will review the hearing officer's recommendation upon request by a party or on its own motion. The Board may adopt all, part, or none of the recommendation depending on the extent to which it is consistent with the record and the applicable law. If the Board determines that a question concerning representation exists, the Board shall direct the holding of an election on a date and at a time and place set by the Board. The Board shall direct the posting of a notice of election.

- l) Within seven days following the Board's direction of an election, the employer shall furnish the Board and the labor organizations with a list of the full names, alphabetized by last name, and addresses of the employees eligible to vote in the election. The lists shall be provided by personal delivery or certified mail. The employer shall obtain receipts verifying delivery.

m) Where the Board orders an election in a unit different from the one petitioned for, the petitioner and intervenors, if any, shall have five days to submit a showing of interest in the new unit.

(Source: Amended at Ill. Reg. _____, effective _____)

Section 1210.110 Consent Elections

- a) Following the filing of a petition, a stipulation for a consent election may be filed as follows:

- 1) The stipulation must be signed by the petitioner, the employer, the labor organization seeking to represent the employees, and any intervenor that has filed a timely petition.

- 2) The stipulation must specify the bargaining unit; the eligibility date for participation in the election; the date,

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

place and hours of the election; and a reasonable number of observers allowed to each party.

- b) A notice of the stipulated election shall be posted in accordance with Section 1210.90 of ~~these rules~~ this Part.

- c) All consent elections shall be conducted under the direction and supervision of the Board. Upon receipt of a stipulation for a consent election the Executive Director shall review the stipulation. If the Executive Director determines that the stipulation is consistent with the Act and this Part, the Executive Director shall direct the holding of the consent election.

- d) Within seven days following the Executive Director's approval of the consent election agreement, the employer shall furnish the Board and the labor organizations with a list of the full names, alphabetized by last name, and addresses of the employees eligible to vote in the election. The lists shall be provided by personal delivery or certified mail. The employer shall obtain receipts verifying delivery.

(Source: Amended at Ill. Reg. _____, effective _____)

Section 1210.120 Bargaining Unit Determinations

- a) In determining the appropriateness of a unit for purposes of collective bargaining, the Board shall consider all relevant factors, including, BUT NOT LIMITED TO, SUCH FACTORS AS HISTORICAL PATTERN OF RECOGNITION; COMMUNITY OF INTEREST INCLUDING EMPLOYEE SKILLS AND FUNCTIONS; DEGREE OF FUNCTIONAL INTEGRATION; INTERCHANGEABILITY AND CONTACT AMONG EMPLOYEES; FRAGMENTATION OF EMPLOYEE GROUPS; COMMON SUPERVISION, WAGES, HOURS AND OTHER WORKING CONDITIONS OF THE EMPLOYEES INVOLVED; AND THE DESIRES OF THE EMPLOYEES. (~~Supp--to--Ill. Rev. Stat. 1987~~, ch. 48, par. 1609(b)).

- b) Whenever a representation petition proposes a bargaining unit which includes craft and noncraft employees, the petition shall so state. Pursuant to Section 1210.50 of this Part, a labor organization may file a petition to intervene in a unit limited to a craft. Whenever a party has so intervened, the election shall proceed in accordance with Section 1210.140(c) of this Part.

- c) Whenever a petition is filed alleging a bargaining unit that includes or that may include professional and nonprofessional employees, the petition shall so state. Pursuant to Section 1210.50 of this Part, a

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

labor organization may file a petition to intervene in a unit limited to professional employees or limited to nonprofessional employees. The election shall be conducted in accordance with Section 1210.140(d) of this Part.

(Source: Amended at Ill. Reg. _____, effective _____)

Section 1210.140 Conduct of the Election

- a) The election shall be conducted under the supervision of the Board. Voting shall be by secret ballot. Whenever the Board determines that a mail ballot will better effectuate the purposes of the Act, it shall conduct the election by mail ballot. In all other cases, it shall conduct the election on site.

- b) Ballots shall list all labor organizations that properly petitioned or intervened in the election, the incumbent exclusive representative, and the choice of "No Representation".

- c) Where an election involves a bargaining unit that includes craft employees, and there has been a proper petition for a separate craft unit, craft employees shall be given two ballots: one to vote for or against craft severance and a second to vote on choice of representative, if any. Noncraft employees shall only be given ballots for voting on choice of representative.

- d) Where an election involves a bargaining unit containing professional and nonprofessional employees, all employees shall be given two ballots: one for indicating whether they desire a combined professional/nonprofessional unit and a second for indicating choice of representative, if any.

- e) When the election is conducted on site, the following procedures shall apply:

- 1) Each party shall be entitled to an equal number of observers as determined by the Board or its agent or as provided for in a Board-approved stipulation. Observers for the employer may not be individuals who supervise any of the employees in the bargaining unit. The conduct of observers is subject to such reasonable limitations as the Board or its agent may prescribe.

- 2) The Board's agent shall prescribe the area in proximity to the polling place in which electioneering shall be prohibited. Cameras, video equipment, and similar equipment shall be

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

prohibited within the actual polling area while employees are voting.

- 3) Ballot boxes shall be examined in the presence of the observers immediately prior to the opening of the polls and shall be sealed at the opening of the polls. The seal shall allow for one opening on the top of the ballot box for voters to insert their ballots.
- 4) The Board's agent or any authorized observer may challenge the eligibility of any voter. The observer must state the reason for the challenge. A voter whose identity has been challenged may establish his identity by showing a driver's license or any other piece of identification acceptable to the Board's agent. A challenged voter shall be permitted to vote in secret. His ballot shall be placed in a "challenged ballot" envelope. The envelope shall be sealed by the Board's agent and initialed by the observers. The reason for the challenge and the voter's name shall be marked on the envelope and the envelope shall be placed in the ballot box.
- 5) A voter shall mark a cross (X) or check () in the circle or block designating his choice in the election. The intent of the voter shall be followed in the marking of the ballot. If the ballot is defaced, torn, marked in such a manner that it is not understandable, or identifies the voter, the ballot shall be declared void. If the voter inadvertently spoils a ballot, he may return it to the Board's agent who shall give the voter another ballot. The spoiled ballot shall be placed in a "spoiled ballot" envelope. The envelope shall be sealed by the Board's agent and initialed by the observers, and the Board's agent shall place the envelope in the ballot box.
- 6) A voter shall fold his ballot so that no part of its face is exposed and, on leaving the voting booth, shall deposit the ballot in the ballot box. If the election is continued for more than one period, the ballot box shall be sealed by the Board's agent and initialed by the observers until the subsequent opening of the polls and shall remain in the custody of the Board's agent until the counting of the ballots.
- 7) The Board's agent may privately assist any voter who, due to physical or other disability, is unable to mark his ballot.
- 8) Each party shall designate a representative to observe the tallying of the ballots.

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

- 9) Upon conclusion of the polling, ballots shall be tallied in accordance with Section 1210.140(h) of this Part. If there was only one polling location, ballots shall be tallied at the polling site. If there was more than one polling location, the Board's agent shall seal the ballot boxes, which shall be initialed by the observers, and bring them to a predetermined central location. When all of the ballot boxes have arrived, they shall be opened by the Board's agent and the ballots shall be commingled for tallying.
- f) When the election is to be conducted by mail ballot, the following procedures shall apply:
 - 1) Each eligible voter shall be mailed a packet containing a ballot, ballot envelope, a pre-addressed stamped return envelope, and instructions.
 - 2) The instructions shall advise the voter to mark his ballot without identifying himself, place the ballot in the ballot envelope, seal the ballot envelope and place it in the return envelope, seal the return envelope, both print and sign the return envelope across the seal, and mail it to the Board. The instructions will also advise the voter of the date, set by the Board, by which return envelopes must be postmarked.
 - 3) When the election includes a vote on a combined professional/nonprofessional unit, or a vote on craft severance, the appropriate voters shall be mailed separate ballots and ballot envelopes for unit preference or craft severance, and for choice of representative. These voters shall be instructed to mark the ballots separately, place them in their respective ballot envelopes, and return both ballot envelopes in the return envelope.
 - 4) The parties may designate an equal number of representatives, as set by the Board, to observe the tallying of the ballots. Ballots shall be tallied on a date set by the Board.
 - 5) Ballots shall remain unopened in their return envelopes until the date set for tallying. On the date set for tallying, the representatives and the Board's agent shall have an opportunity to challenge any ballots prior to the opening of the return envelopes. Challenged ballots shall be handled in accordance with Section 1210.140(e)(4) of this Part. All ballots that have not been challenged shall be separated from their return envelopes and commingled prior to tallying.

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

- 6) The ballots shall be tallied in accordance with Section 1210.140(h) of this Part.
- g) The Board's agent shall attempt to resolve ballot challenges before the ballots are counted.
- h) In mail and on site elections, ballots will be tallied in the presence of the parties' representatives attending the count as follows:
 - 1) The Board's agent shall segregate the challenged ballots. The challenged ballots shall only be opened and counted if they could be determinative of the outcome of the election.
 - 2) If challenges to ballots have not been resolved, and if the challenges could affect the outcome of the election, the Board will treat the challenges in the same manner as objections to the election.
 - 3) When the election includes a vote on craft severance, the craft employee ballots on craft severance shall be tallied first. If a majority of the craft employees casting valid craft severance ballots choose craft severance, the craft and noncraft ballots on choice of representative, if any, shall be tallied separately. If a majority of the craft employees casting valid ballots do not choose craft severance, the ballots on choice of representative, if any, shall be tallied together.
 - 4) When the election includes a vote on a combined professional/nonprofessional unit, the ballots on unit preference shall be tallied first. Separate tallies shall be made for professional and nonprofessional employees. If a majority of the employees casting valid ballots in each group vote for a combined unit, the ballots on choice of representative, if any, shall be tallied together. If a combined unit fails to receive a majority vote in either or both groups, the ballots on choice of representative, if any, shall be tallied separately.
- i) When there are only two choices on the ballot and each receives 50 percent of the vote, the following shall apply:
 - 1) In representation elections, absent valid objections or challenges, the Board shall certify that a majority of the employees have not voted to select the labor organization as their exclusive representative.

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

- Mediation/Arbitration Roster are persons who are on the labor arbitration panels of either the American Arbitration Association or the Federal Mediation and Conciliation Service or who are members of the National Academy of Arbitrators.
- d) Individuals appointed to the Roster shall file with the Boards a brief biographical sketch, a concise resume of their experience relevant to the position for which they are listed and a fee schedule. Whenever an individual is selected to serve in a case, that individual shall not charge a fee greater than that listed in the fee schedule he has filed with the Boards. A minimum of 30 days notice shall be given to the Board for changes in fee schedules.
 - e) Requests for panels from the Roster shall be submitted on a form developed by the Boards and shall include:
 - 1) The name, address, telephone number and affiliation, if any, of the parties submitting the request;
 - 2) The name, address and telephone number of the parties' representatives;
 - 3) The type of service requested; and
 - 4) A brief description of the nature of the dispute, including unresolved issues, to the extent known.
 - f) Whenever the Board provides the parties with a panel selected from the Roster, the Board shall provide copies of the biographical sketches and fee schedules of the panelists.
 - g) The parties may jointly request that panels submitted to them contain or omit specific individuals. No party may unilaterally make such a request.
 - h) Individuals listed on the Roster shall abide by the Code of Professional Responsibility for Arbitrators of Labor-Management Disputes, as amended, effective May 29, 1985, and adopted by the National Academy of Arbitrators and the American Arbitration Association, and shall take the constitutional affirmation of office. This incorporation by reference does not contain any further amendments.

(Source: Amended at ___ Ill. Reg. ___, effective ___)

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

- 2) In decertification elections, absent valid objections or challenges, the Board shall certify that a majority of the employees have not maintained their desire to be represented by the labor organization.
- j) Where there are three or more choices on the ballot (two or more labor organizations and "No Representation") and no choice receives a majority of the valid ballots cast, the Board shall conduct a runoff election between the two choices that received the most votes. When there is a tie for first place among more than two choices, the runoff shall be among those choices involved in the tie. When there is a tie for second place, the runoff shall be among the first place choice and those ~~testing~~ tying for second place. The results of votes taken during the first election on craft severance and/or combined professional/nonprofessional units, if applicable, shall be binding on the runoff election.
- k) The Board shall preserve all ballots until such time as any objections to the election have been resolved and the results have been certified.

(Source: Amended at ___ Ill. Reg. ___, effective ___)

Section 1210.150 Objections to the Election

- a) Any party to the election may file objections with the Board alleging that the result was not fairly and freely chosen by a majority of the employees. The party must serve its objections on the other parties to the election prior to or simultaneously with their filing with the Board.
- b) Objections must be received by the Board no later than five days after the final tally was served on the representatives. Pending challenges to ballots shall not stay the time for filing objections.
- c) The objecting party shall, within five days after filing objections, submit to the Board a statement of material facts and issues and a summary of material evidence.
- d) The Executive Director shall promptly investigate the allegations, and at the conclusion of the investigation, issue a Report on the Challenges and/or Objections. The parties shall be given 5-10 days after service of the Report to appeal it to the Board. If the Executive Director finds reasonable cause to believe that the result of the election was not fairly and freely chosen by a majority of the

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

employees, he shall set the matter for hearing regarding the objections. If the Board determines, after hearing, that the result was not fairly and freely chosen by a majority of the employees, it shall order a new election and shall order corrective action which it finds necessary to insure the fairness of the new election. If the Board determines, upon investigation or after hearing, that the result was fairly and freely chosen by a majority of the employees, it shall promptly certify the election results.

(Source: Amended at ___ Ill. Reg. ___, effective ___)

Section 1210.160 Voluntary Recognition Procedures

- a) These voluntary recognition procedures may not be used under the following circumstances:
- 1) whenever a labor organization is recognized in accordance with the Act as the exclusive representative of all or some of the employees in the bargaining unit;
 - 2) whenever there has been a valid representation or decertification election in a bargaining unit containing all or some of the employees within the preceding ~~twelve~~ 12 months;
 - 3) whenever the proposed bargaining unit would include both professional and nonprofessional employees;
 - 4) whenever the employer does not believe that the proposed bargaining unit is appropriate; and
 - 5) whenever the employer does not believe that the labor organization requesting voluntary recognition represents a majority of the employees in the proposed bargaining unit.
- b) When an employer and a labor organization agree to use the voluntary recognition procedures, the employer and labor organization must file a request for voluntary recognition with the Board. The request shall be on a form developed by the Board. The request shall be signed by both parties and shall contain the following:
- 1) the name, address and telephone number of the employer;
 - 2) the name, address, telephone number and affiliation, if any, of the labor organization;

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

- 3) the name, addresses and telephone numbers of the parties' representatives;
 - 4) a specific and detailed description of the proposed bargaining unit, including job titles and classifications;
 - 5) the number of employees in the proposed bargaining unit and whether the proposed bargaining unit includes professional employees; and
 - 6) a statement describing why the employer and the labor organization are satisfied that the labor organization represents the majority of the employees in an appropriate bargaining unit.
- c) The request must be supported by objective evidence of the majority status of the labor organization. (See Section 1210.80 of this Part.)
- 1) If authorization cards are offered as evidence, they may be jointly submitted to the Board or may be submitted by the labor organization confidentially to the Board.
 - 2) If authorization cards are offered as evidence, those cards that would not qualify as evidence in support of a representation petition will not be considered sufficient evidence of majority status.
 - 3) If employees signing such authorization cards have also signed cards authorizing other labor organizations to represent them, those cards will not be considered sufficient evidence of majority status.
- d) Upon following the filing the of a request for voluntary recognition, the Board shall provide the employer with a voluntary recognition notice which shall the employer and the labor organization must simultaneously file a copy of a voluntary recognition notice with the Board. After a copy of the notice is filed with the Board, the original notice must be posted on bulletin boards and other places where notices for employees in the bargaining unit are customarily posted. The notice must be on a form developed by the Board, and must contain the following:
- 1) statement that, subject to Board certification, the employer intends to recognize the employee organization if no competing claims of representation are filed with the Board;

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

- 2) the name and address of the employer;
 - 3) the name and address and affiliation, if any, of the labor organization;
 - 4) a specific and detailed description of the proposed bargaining unit, including job titles and classifications;
 - 5) the number of employees in the proposed bargaining unit;
 - 6) the date of posting; and
 - 7) the signature of the employer's representative.
- e) The notice shall remain posted for a period of 20 days. The employer shall take steps reasonably necessary to insure that the notice is not removed or defaced.
- f) During the 20-day posting period, any competing labor organization may file a petition with the Board seeking to represent all or some of the employees in the unit. Prior to, or simultaneously with its filing with the Board, the competing organization shall serve the petition on the employer and the labor organization that was to have been voluntarily recognized. The petition shall be on a form developed by the Board and shall contain:
- 1) the name, address, telephone number and affiliation, if any, of the labor organization;
 - 2) the name, address, telephone number and signature of petitioner's representative;
 - 3) the names of the employer and labor organization that the employer intended to voluntarily recognize, and the names and addresses of the employer and labor organization representatives;
 - 4) a specific and detailed description of the proposed bargaining units, including job titles and classifications to the extent known, proposed by the petitioner and on the voluntary recognition notice and designate any positions included in both units;
 - 5) the date the voluntary recognition notice was posted; and
 - 6) the date the posting period is scheduled to terminate.

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

- g) A competing labor organization's petition must be supported by a showing of interest of AT LEAST 10 PERCENT OF THE EMPLOYEES IN AN APPROPRIATE BARGAINING UNIT WHICH INCLUDES ALL OR SOME OF THE EMPLOYEES IN THE UNIT that was to have been voluntarily recognized. (Ill. Rev. Stat. 1987, ch. 48, par. 1609(g)).
- h) Upon the filing of a competing labor organization's petition and proper showing of interest, the Board shall treat the voluntary recognition proceeding as a representation proceeding. The Board shall proceed in accordance with Section 9(a) of the Act and Sections 1210.80 through 1210.150 of this Part.
- i) If no competing labor organization petitions have been filed with the Board by the termination of the posting period, the employer and the labor organization shall file with the Board a certification of posting. This certification of posting shall be on a form developed by the Board. The certification of posting shall contain the following:
- 1) the Board case number assigned to the request for voluntary recognition and date filed;
 - 2) the name, address and telephone number of the employer;
 - 3) the name, address, telephone number and affiliation, if any, of the labor organization;
 - 4) the names, addresses and telephone numbers of the parties' representatives;
 - 5) a specific and detailed description of the proposed bargaining unit, including job titles and classifications;
 - 6) the number of employees in the proposed bargaining unit;
 - 7) the dates, locations and termination date of the posting of the voluntary recognition notice;
 - 8) a statement that the notice was not removed or defaced during the posting period;
 - 9) a statement that the parties desire certification of the voluntary recognition issue; and
 - 10) a statement that no intervening petition was filed.

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

- j) The Board will investigate the employer-labor organization voluntary recognition certification request.
- 1) If the Board concludes that the labor organization represents a majority of the employees in an appropriate bargaining unit, and that the petition is otherwise consistent with the Act and this Part, the Board shall certify the employee organization as the exclusive representative of the employees.
 - 2) If the Board determines that there is insufficient evidence to support the claim of majority status, that the proposed bargaining unit is not appropriate, or that the petition otherwise contravenes the Act or this Part, the Board shall dismiss the petition without prejudice to the filing of a representation petition by either the employer or the labor organization or the commencement of voluntary recognition proceedings in an appropriate unit in which the labor organization has majority status.
 - k) If, after the Board directs an election in a representation proceeding, the employer decides to voluntarily recognize the labor organization, the Request for Voluntary Recognition must be filed within 14 days after service of the Board's Direction of Election. Within seven days after receipt of the Request, if the Board determines that there is insufficient evidence to support the claim of majority status, an election shall be scheduled as expeditiously as possible.

(Source: Amended at ___ Ill. Reg. ___, effective ___)

Section 1210.170 Petitions for Amendment or Clarification of the Bargaining Unit

- a) An exclusive representative or an employer may file a petition to clarify or amend an existing bargaining unit. The petition shall be served on the other party by the Board. The petition shall be signed and shall contain the following:
 - 1) the name, address and telephone number of the employer;
 - 2) the name, address and telephone number of petitioner's representative;
 - 3) the name, address, telephone number and affiliation, if any, of the exclusive representative;

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

90

NOTICE OF PROPOSED AMENDMENTS

- 4) a specific and detailed description of the existing bargaining unit including job titles and classifications; and
- 5) the nature of the proposed amendment or clarification and the reasons therefor.
- b) Following the filing of a petition to amend or clarify an existing unit, the Board shall provide the employer with a notice which shall be posted on bulletin boards and other places where notices for employees in the bargaining unit are customarily posted. Notice shall remain posted until the petition is resolved or withdrawn for at least 20 days.
- c) The respondent may file an answer to the petition within 20 days following service of the petition. Failure to answer shall be deemed a waiver of objections to the petition and a waiver of a hearing.
- d) The Board or its agent shall investigate the petition and, if necessary, set it for hearing.
- 1) Interested persons desiring to intervene in the hearing shall submit a written request to the hearing officer. The hearing officer shall have discretion to grant or deny intervention. The decision shall be based upon the interests of the intervenor, whether those interests will be adequately protected by existing parties, and the timeliness of the intervenor's request.
- 2) The hearing officer may schedule a prehearing conference or request prehearing briefs when it appears to the hearing officer that such would expedite the procedure.
- 3) The hearing officer shall inquire into all matters in dispute and shall obtain a full and complete record. Following the close of the hearing, the hearing officer shall file and serve upon the parties a recommended disposition of the matter.
- 4) A) Parties may file exceptions to the hearing officer's recommendation and briefs in support of their exceptions no later than 14 days after service of the recommendation. Parties may file responses to exceptions and briefs in support of the responses, no later than 10 days after service of the exceptions. Each party shall serve its exceptions, responses and briefs on the other parties. Parties desiring oral argument before the Board shall request oral argument and provide the reasons for the

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

90

NOTICE OF PROPOSED AMENDMENTS

- requests in their exceptions or responses. The Board will grant or deny requests for oral argument depending upon the significance, complexity and novelty of the issues. If no exceptions have been filed within the 14-day period, the parties will be deemed to have waived their exceptions.
- B) Each exception
 - i) shall set forth specifically the questions of procedure, fact, law, or policy to which exceptions are taken;
 - ii) shall identify that part of the hearing officer's opinion or decision to which objection is made; and
 - iii) shall state the grounds for the exceptions and shall include the citation of authorities unless set forth in a supporting brief.
 - C) Any exception to a ruling, finding, conclusion, or recommendation which is not specifically urged shall be deemed to have been waived. Any exception which fails to comply with the foregoing requirements may be disregarded.
 - D) Any brief in support of exceptions shall be confined to the subjects raised in the exceptions and shall contain, in the order indicated, the following:
 - i) A clear and concise statement of the case containing all that is material to the consideration of the questions presented.
 - ii) A specification of the questions involved and to be argued.
 - iii) The argument, presenting clearly the points of fact and law relied upon in support of the position taken on each question.
 - E) Briefs in support of responses to exceptions shall be limited to the questions raised in the exceptions and in the brief in support thereof. It shall present clearly the points of fact and law relied upon in support of the position taken on each question.
 - 5) The Board will review the hearing officer's recommendation upon

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

90

NOTICE OF PROPOSED AMENDMENTS

request of a party or on its own motion. The Board may adopt all, part, or none of the recommendation.

- e) The parties may stipulate to an amendment or clarification of the bargaining unit. The stipulation shall be filed with the Board. A notice of the stipulation shall be posted on bulletin boards and at other places where notices for employees in the bargaining unit are customarily posted. The notice shall advise employees of the terms of the stipulation and direct persons objecting to the stipulation to file objections with the Board. The notice shall remain posted for at least 20 days. The employer shall take reasonable steps to insure that the notice is not removed or defaced during the posting period.

- f) During the any posting period under this Section, interested parties may file objections with the Board. Objections shall be served on the employer and the exclusive representative prior to, or simultaneously with, their filing with the Board. If objections are not timely filed and/or properly served, the objections shall be deemed waived.

- g) Following the posting period, if no objections have been filed, the Board shall approve or disapprove the amendment or clarification depending upon whether the amendment or clarification is consistent with the Act. If objections have been filed, the Board shall proceed in accordance with Section 1210.170(e)-(d) of this Part.

(Source: Amended at ____ Ill. Reg. ____, effective ____)

Section 1210.180 Petitions to Amend Certification

- a) An exclusive representative shall file a petition with the Board to amend its certification whenever there is a change in its name or structure. The petition shall be served by the Board on the employer. The petition shall be signed, under penalty of perjury, and shall contain:

- 1) the name, address and telephone number of the employer;
- 2) the name, address, telephone number and affiliation, if any, of the exclusive representative, as certified by the Board;
- 3) the name, address and telephone number of petitioner's representative;
- 4) a description of the proposed amendment; and

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

90

NOTICE OF PROPOSED AMENDMENTS

- 5) the reasons for the proposed amendment.

- b) The employer shall post a notice of the proposed amendment in accordance with Section 1210.170(b) of this Part.
- c) Interested persons, including the employer, may file objections to the proposed amendment with the Board during the posting period. Objections shall be served on the exclusive representative prior to, or simultaneously with, filing with the Board.
- d) If, at the conclusion of the posting period, no objections have been filed, the Board may approve or disapprove the amendment or take any other action on it necessary to effectuate the purposes and policies of the Act.

- e) If objections have been filed during the posting period, the Board shall proceed in accordance with Section 1210.170(e)-(d) of this Part.

(Source: Amended at ____ Ill. Reg. ____, effective ____)

Section 1210.190 Expedited Elections Pursuant to Section 10(b)(7)(C) of the Act

- a) Whenever a labor organization is engaged in activities as set forth in Section 10(b)(7)(C) of the Act (Ill. Rev. Stat.-1985 1987, ch. 48, par. 1610(b)(7)(C)), the employer may file a petition for an expedited election.

- b) Labor organizations and employees may not file petitions for expedited elections.

- c) A petition for an expedited election shall contain the same information as set forth in Section 1210.40 of this Part for representation petitions. A petition for an expedited election shall also contain a detailed statement describing the picketing, including the date the picketing began. The petition shall be accompanied by evidence, including relevant documents and affidavits, supporting the employer's allegation of activities as set forth in Section 10(b)(7)(C) of the Act. The petition shall be served by the Board on the labor organization.

- d) The Board shall investigate the petition. The investigation shall include an expedited hearing where one is necessary to resolve disputed issues of fact concerning the appropriateness of the bargaining unit or the appropriateness of an expedited election. The parties shall be given at least 24 hours notice of the hearing.

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

- e) If, after investigation, the Board determines that recognitional or organizational picketing within the meaning of Section 10(b)(7)(C) of the Act is continuing, it shall direct an expedited election. The order directing an expedited election shall establish the bargaining unit, the date for the election, and the number of observers that the parties may have.
- f) The expedited election shall be conducted on site, in accordance with Section 1210.140 of ~~these rules~~ this Part. Objections to the election may be filed in accordance with Section 1210.150 of ~~these rules~~ this Part.
- g) After completion of the election, any continuation of the activities as set forth in Section 10(b)(7)(C) of the Act or any threat to continue such activities shall constitute a violation of Section 10(b)(7)(B) of the Act.

(Source: Amended at Ill. Reg. _____, effective _____)

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Unfair Labor Practice Proceedings
- 2) Code Citation: 80 Ill. Adm. Code 1220
- 3) Section Numbers:
- | | |
|---------|-------------------------|
| 1220.10 | <u>Proposed Action:</u> |
| 1220.30 | Amendment |
| 1220.50 | Amendment |
| 1220.80 | Amendment |
- 4) Statutory Authority: Implementing Sections 10 and 11 and authorized by Section 5(i) of the Illinois Public Labor Relations Act (Ill. Rev. Stat. 1987, ch. 48, pars. 1610, 1611, and 1605(1), as amended by P.A. 86-412, effective August 30, 1989).
- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking clarifies the provisions relating to appointment of counsel and increases the compensation for appointed counsel in Section 1220.30; and makes technical changes in Sections 1220.10, 1220.30, 1220.50, and 1220.80.
- 6) Will these proposed amendments replace an emergency rule currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Do these proposed amendments contain any incorporations by reference? No
- 9) Are there any other proposed amendments pending on this part? No

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

10) Statement of Statewide Policy Objectives: These amendments will impose no additional requirements on local public employers beyond those imposed by the Act, therefore, the States Mandates Act is inapplicable to these amendments.

11) Time, Place, and Manner in which Interested Persons May Comment on this proposed Rulemaking: Interested persons may present their comments concerning these proposed amendments in writing within 45 days after publication of this edition of the Illinois Register to the following:

Brian E. Reynolds
Executive Director
Illinois State Labor Relations Board
320 West Washington Street, Suite 500
Springfield, Illinois 62701

12) Initial Regulatory Flexibility Analysis:

- A) Date amendments were submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: May 11, 1990.
- B) Types of small businesses affected: These rules do not affect small businesses.
- C) Reporting, bookkeeping or other procedures required for compliance: These rules do not affect small businesses.
- D) Types of professional skills necessary for compliance: These rules do not affect small businesses.

The full text of the Proposed Amendments begins on the next page:

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES
SUBTITLE C: LABOR RELATIONS
CHAPTER IV: ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

PART 1220
UNFAIR LABOR PRACTICE PROCEEDINGS

Section	General Statement of Purpose
1220.10	Filing of a Charge
1220.20	Appointment of Counsel
1220.30	Charge Processing and Investigation, Complaints and Responses
1220.40	Hearings
1220.50	Consideration by the Board
1220.60	Requests for Preliminary Relief
1220.70	Unfair Labor Practice Charges Involving Fair Share Fees
1220.80	

TABLE A "Adjusted Income" Standards for Appointment of Counsel in Unfair Labor Practice Cases

AUTHORITY: Implementing Sections 10 and 11 and authorized by Section 5(i) of the Illinois Public Labor Relations Act (Ill. Rev. Stat. 1987, ch. 48, pars. 1610, 1611, and 1605(1)), as amended by P.A. 86-412, effective August 30, 1989).

SOURCE: Emergency rule adopted at 8 Ill. Reg. 16043, effective August 22, 1984, for a maximum of 150 days; adopted at 9 Ill. Reg. 1898, effective January 25, 1985; amended at 11 Ill. Reg. 6481, effective March 27, 1987; amended at 12 Ill. Reg. 20122, effective November 18, 1988; amended at 11. Reg. _____, effective _____.

NOTE: Capitalization denotes statutory language.

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

Section 1220.10 General Statement of Purpose

The regulations contained in this Part detail the procedures for initiating, processing and resolving charges that an employer or a labor organization has committed, or is committing, an unfair labor practice in violation of Sections 10(a) and 10(b) of the "Illinois Public Labor Relations Act" ("Act") (Supp. to Ill. Rev. Stat.--1989 1987, ch. 48, pars. 1601 et seq.)-(~~the Act~~, as amended by P.A. 86-412, effective August 30, 1989).

(Source: Amended at Ill. Reg. _____, effective _____.)

Section 1220.30 Appointment of Counsel

a) A charging party may file a request for appointment of counsel simultaneously with or after filing a charge. The request shall be on a form developed by the Board. It shall be accompanied by an affidavit attesting to the charging party's INABILITY TO PAY OR INABILITY TO OTHERWISE PROVIDE FOR ADEQUATE REPRESENTATION. (Supp. to Ill. Rev. Stat.--1989 1987, ch. 48, par. 1605(k)). It shall also be accompanied by affidavits, documents or other evidence supporting the charge.

b) A charging party shall be deemed unable to pay or provide for adequate representation if his/her "Adjusted Income" is less than the amount set forth in Table A to this Part for a "Family Unit" of the applicable size, and if he/she is not entitled to representation from a labor organization (or such representation would be inappropriate) or under the provisions of a prepaid legal services plan or similar arrangement. As an example, instances when representation by a labor organization would be inappropriate include when an individual files charges against a labor organization.

c) For purposes of this Section, "Adjusted Income" refers to all gross income available to the charging party for the prior year from wages, pensions, annuities, insurance or public assistance benefits, interest and dividends, and other such sources, including liquid assets such as savings and checking accounts, stocks, bonds and similar investments, less the following deductions for the prior year:

- 1) Child care and court-ordered child support payments;
- 2) That portion of educational and medical expenses which exceeds 5 five percent of total gross income;
- 3) Unreimbursed expenses of obtaining and maintaining employment;

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

and

- 4) An amount equivalent to 20 percent of wages earned, to approximate withholding for taxes and social security and the like.
- d) For purposes of this Section, "Family Unit" means the charging party and all other persons related to the charging party by blood, marriage or adoption who reside in the charging party's household and are dependent upon the charging party for at least one half of their support.

e) If the Board or its designated representative determines that the charging party is unable to pay or is otherwise unable to provide for adequate representation, and that the charge is not CLEARLY WITHOUT MERIT, the Board shall appoint counsel to represent the charging party in the proceedings.

f) Counsel appointed by the Board to represent the charging party in such a case shall certify to the Board:

- 1) That he or she is licensed to practice law in Illinois under the rules of the Illinois Supreme Court (Ill. Rev. Stat.--1984 1987, ch. 110A, pars. 701 et seq.).
- 2) That he or she has previous experience as the representative of parties in the trial or hearing of contested cases. An attorney without trial experience, including a law student certified to practice under Rule 711 of the Illinois Supreme Court, (Ill. Rev. Stat.--1984 1987, ch. 110A, par. 711), shall satisfy this requirement if actively supervised and accompanied at hearing by an attorney with previous trial experience, in which case the supervising attorney shall make the certification.
- 3) That he or she shall accept appointment in return for compensation from the Board at the rate of 40-50 dollars per hour (30 dollars per hour for the time of law students and paralegals) plus actual costs, and subject to a maximum compensation limit of 2500-3500 dollars in any single cause. The maximum limit of 2500-3500 dollars may be increased in a particular case upon application to the Board if the circumstances of the case, including the number and complexity of the issues, demand the investment of time and expenses exceeding the limitation.
- 4) That he or she will maintain contemporaneous, careful records of

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

time and expenses devoted to the case and will supply copies or summaries to the Board, together with bills for services rendered, at least monthly for each month in which time or costs are accrued.

- g) Payment for personal services at the hourly rate is due upon completion of the Board proceedings in the cause. Payment of costs up to a total of 500 dollars are payable on a monthly basis for the month in which the costs are incurred. Costs totaling more than 500 dollars are payable at the completion of the proceedings before the Board and may be incurred only with prior approval of the Board.

- h) An attorney appointed by the Board to represent a charging party pursuant to this Section shall not withdraw from such employment without approval of the Board or its hearing officer.

(Source: Amended at Ill. Reg. _____, effective _____)

Section 1220.50 Hearings

- a) Upon the issuance of a complaint for hearing, the Board shall set the matter for hearing before a hearing officer. The hearing shall be set NOT LESS THAN FIVE DAYS AFTER SERVING OF SUCH COMPLAINT. (Ill. Rev. Stat.-1985 1987, ch. 48, par. 1611(a)).

- b) Interested persons who wish to intervene in the hearing shall direct such requests to the hearing officer. The request shall be in writing and shall state the grounds for intervention. The hearing officer shall have discretion to grant or deny the request for intervention. The decision shall be based upon the interests of the intervenor, whether those interests will be adequately protected by existing parties, and the timeliness of the intervenor's request.

- c) The hearing officer may schedule a prehearing conference when it appears to the hearing officer that such a conference would expedite the procedure.

- d) Intermediate rulings of the hearing officer shall not be subject to interlocutory appeal. Parties may raise objections to such intermediate rulings in their exceptions to the hearing officer's recommended decision.

- e) The charging party shall present the case in support of the charge. The respondent may present evidence in defense against the charges.

ILLINOIS STATE LABOR RELATIONS BOARD/
ILLINOIS LOCAL LABOR RELATIONS BOARD

NOTICE OF PROPOSED AMENDMENTS

- f) The hearing officer shall inquire fully into all matters in dispute, and shall obtain a full and complete record either by evidentiary hearing and/or stipulation. After the close of the hearing, the hearing officer shall file and serve on the parties a recommended decision.

(Source: Amended at Ill. Reg. _____, effective _____)

Section 1220.80 Unfair Labor Practice Charges Involving Fair Share Fees

- a) Unfair labor practice charges that proportionate share fees violate the Act shall be filed and processed in accordance with this Part.

- b) The Board shall consolidate charges involving proportionate share fees in accordance with 80 Illinois Administrative--Ill. Adm. Code 1200.105. Specifically, the Board shall consolidate in a single proceeding all proportionate share fee charges involving the same bargaining unit. The Board shall consolidate charges involving two or more bargaining units whenever it determines that the exclusive representatives are affiliated with a common employee organization, the exclusive representatives use similar methods for determining fair share fees, the consolidation would not prejudice the constitutional and statutory rights of the objecting employees, and the consolidation would resolve the charge in an efficient manner.

- c) In hearings on fair share fee charges, the exclusive representative shall have the burden of proving how the fair share fee was calculated and that the fee did not exceed the employee's proportionate share of THE COSTS OF THE COLLECTIVE BARGAINING PROCESS, CONTRACT ADMINISTRATION AND PURSUING MATTERS AFFECTING WAGES, HOURS AND CONDITIONS OF EMPLOYMENT. (Ill. Rev. Stat.-1985 1987, ch. 48, pars. 1603(g) and 1606(e)).

(Source: Amended at Ill. Reg. _____, effective _____)

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

1) Heading of the Part: MANAGEMENT OF USED AND WASTE TIRES2) Code Citation: 35 Ill. Adm. Code 8483) Section Numbers: Proposed Action:

848.101 New Section
 848.102 New Section
 848.103 New Section
 848.104 New Section
 848.201 New Section
 848.202 New Section
 848.203 New Section
 848.301 New Section
 848.302 New Section
 848.303 New Section
 848.304 New Section
 848.305 New Section
 848.306 New Section
 848.401 New Section
 848.402 New Section
 848.403 New Section
 848.501 New Section
 848.502 New Section
 848.503 New Section
 848.504 New Section
 848.505 New Section
 848.506 New Section
 848.507 New Section
 848.601 New Section
 848.602 New Section
 848.603 New Section
 848.604 New Section
 848.605 New Section
 848.606 New Section
 848.607 New Section

Ill. A, B, C, D, E New Sections

4) Statutory Authority: Ill. Rev. Stat. 1987, ch. 111 1/2, pars. 1027 and P.A. 86-452 (effective August 31, 1989).5) A Complete Description of the Subjects and Issues Involved:

A complete description is contained in the Board's Opinion of April 26, 1990 in R90-9, which Opinion is available from the address below. In general, Public Act 86-452 (as codified at Ill. Rev. Stat., ch. 111 1/2, pars. 1053 et. seq.) requires the Illinois Environmental Protection Agency (Agency) to propose regulations to the Board which prescribe

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

standards for the storage, disposal, processing and transportation of used and waste tires. In addition, the Act requires the Board to adopt these rules within one year of receipt of the Agency's proposal, i.e. by April 6, 1991. This proposal seeks to implement the requirements of Public Act 86-452, including recordkeeping, reporting and financial assurance requirements. In publishing this First Notice, the Board takes no position on the merits of this proposal; publication is intended solely to foster early public participation in this proceeding.

6) Will this proposed rule replace an emergency rule currently in effect?

No

7) Does this rulemaking contain an automatic repeal date?: No8) Does this proposed rule contain incorporations by reference?

No

9) Are there any other amendments pending on this Part? NoSection Numbers Proposed ActionIllinois Register Citation10) Statement of Statewide Policy Objectives:

This rulemaking is mandated by Section 55.2 of the Environmental Protection Act. The statewide policy objectives are set forth in Section 11 of that Act. This rulemaking imposes mandates on units of local government only to the extent that they may be involved in the storage, disposal, processing or transportation of used and waste tires.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking:

The Board will accept written public comment on this proposal for a period of 45 days after the date of this publication. Comments should reference Docket R90-9 and be addressed to:

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

Dorothy M. Gunn, Clerk
Illinois Pollution Control Board
State of Illinois Center, Suite 11-500
100 W. Randolph St.
Chicago, IL 60601

The Agency will begin presentation of this proposal at a hearing to be held on June 22, 1990, at 10:00 a.m., in Room 8-031, State of Illinois Center, Chicago, Illinois. Additional hearing time will be scheduled for receipt of oral public comment. Persons who wish additional information concerning hearings and filing requirements should contact the Hearing Officer, Mark P. Miller, 104 W. University Ave., Urbana, IL 61801, (217) 333-5574.

12) Initial Regulatory Flexibility Analysis:

- A) Date rule was submitted to the Small Business Office of the Department of Commerce and Community Affairs:

May 7, 1990

- B) Types of small businesses affected:

The proposed rules affect small businesses which are involved in the storage, transportation, disposal and processing of used or waste tires.

- C) Reporting, bookkeeping or other procedures required for compliance:

The proposed rules will require reporting, and recordkeeping including daily and annual reports.

- D) Types of professional skills necessary for compliance:

Clerical and Administrative skills.

The full text of the Proposed rule begins on the next page:

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

TITLE 35: ENVIRONMENTAL PROTECTION
SUBTITLE G: WASTE DISPOSAL
CHAPTER 1: POLLUTION CONTROL BOARD
SUBCHAPTER m: USED AND WASTE TIRES

PART 848

MANAGEMENT OF USED AND WASTE TIRES

SUBPART A: GENERAL

Section	Applicability
848.101	Severability
848.102	Other Regulations
848.103	Definitions
848.104	

SUBPART B: MANAGEMENT STANDARDS

Section	Applicability
848.201	Requirements
848.202	Contingency Plan
848.203	

SUBPART C: RECORDKEEPING AND REPORTING

Section	Applicability
848.301	Records
848.302	Daily Tire Record
848.303	Annual Tire Summary
848.304	Retention of Records
848.305	Certification
848.306	

SUBPART D: FINANCIAL ASSURANCE

Section	Applicability
848.401	Cost Estimate for Tire Removal
848.402	Financial Assurance for Tire Removal
848.403	

SUBPART E: TIRE REMOVAL AGREEMENTS

Section	Applicability
848.501	Removal Performance Standard
848.502	Contents of Proposed Tire Removal Agreements
848.503	Time Allowed for Tire Removal
848.504	Certification of Removal Completion
848.505	

POLLUTION CONTROL BOARD

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

NOTICE OF PROPOSED RULES

848.506 Agency Approval
848.507 Board Review

SUBPART F: TRANSPORTATION REQUIREMENTS

Section 848.103 Other Regulations

a) Unless otherwise expressly stated, persons and facilities subject to this Part are also subject to other Board regulations. Applicability is determined on the basis of the language in the other provisions.

b) The following are specific examples of other provisions which may be applicable to facilities subject to this Part:

- 1) Facilities combusting used and waste tires in enclosed devices are subject to Subtitle B: Air Pollution.
- 2) Facilities which discharge wastewater to waters of the State or sewers are subject to Subtitle C: Water Pollution.
- 3) Facilities processing used and waste tires are subject to Subtitle H: Noise Pollution.
- 4) Transporters are subject to 35 Ill. Adm. Code 809: Special Waste Hauling, if used and waste tires are commingled with special wastes in transport
- 5) Facilities disposing used and waste tires are subject to 35 Ill. Adm. Code 807

NOTE: Capitalization denotes statutory language.

SUBPART A: GENERAL

Section 848.101 Applicability

This Part sets forth rules establishing requirements relative to the storage, processing, disposal and transportation of used and waste tires. The requirements set forth in these rules are in addition to, and do not supplant, the prohibitions, standards, and requirements set forth in Section 55 of the Environmental Protection Act ("Act") (Ill. Rev. Stat., 1989, ch. 111 1/2, par. 1055).

Section 848.102 Severability

If any section, subsection, sentence or clause of this Part shall be adjudged unconstitutional, invalid or otherwise not effective for any reason, such adjudication shall not affect the validity of this Part as a whole or of any section, subsection, sentence or clause thereof not adjudged unconstitutional, invalid or otherwise not effective for any reason.

Section 848.104 Definitions

For the purposes of this Part, except as the context otherwise clearly requires, the words and terms defined in this Section shall have the meanings given therein. Words and terms not defined shall have the meanings otherwise set forth in the Act and regulations adopted thereunder.

"Aisle" means an accessible clear space between storage piles or groups of piles suitable for housekeeping operations, visual inspection of piling areas and initial fire fighting operations.

"ALTERED TIRE" MEANS A USED TIRE WHICH HAS BEEN ALTERED SO THAT IT IS NO LONGER CAPABLE OF HOLDING ACCUMULATIONS OF WATER, INCLUDING, BUT NOT LIMITED TO, USED TIRES THAT HAVE BEEN SHREDDED, CHOPPED, DRILLED WITH HOLES SUFFICIENT TO ASSURE DRAINAGE, SLIT LONGITUDINALLY AND STACKED SO AS NOT TO COLLECT WATER OR WHOLLY OR PARTIALLY FLED WITH CEMENT OR OTHER MATERIAL TO PREVENT THE ACCUMULATION OF WATER. "ALTERATION" OR "ALTERING" MEANS ACTION WHICH PRODUCES AN ALTERED TIRE. (Ill. Rev. Stat. 1989 Ch. 111 1/2, par. 1054.01)

AUTHORITY: Implementing Section 55.2 and authorized by Section 27 of the Environmental Protection Act ("Act") (Ill. Rev. Stat. 1989, ch. 111 1/2, pars. 1055.2 and 1027).

SOURCE: Adopted in R90-9, at Ill. Reg. , effective

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

"CONVERTED TIRE" MEANS A USED TIRE WHICH HAS BEEN MANUFACTURED INTO A USABLE COMMODITY OTHER THAN A TIRE. "CONVERSION" OR "CONVERTING" MEANS ACTION WHICH PRODUCES A CONVERTED TIRE. USABLE PRODUCTS MANUFACTURED FROM TIRES, WHICH PRODUCTS ARE THEMSELVES CAPABLE OF HOLDING ACCUMULATIONS OF WATER, SHALL BE DEEMED TO BE "CONVERTED" IF THEY ARE STACKED, PACKAGED, BOXED, CONTAINERIZED OR ENCLOSED IN SUCH A MANNER AS TO PRECLUDE EXPOSURE TO PRECIPITATION PRIOR TO SALE OR CONVEYANCE. (Ill. Rev. Stat. 1989 ch. 111 1/2, par. 1054.02)

"COVERED TIRE" MEANS A USED TIRE LOCATED IN A BUILDING, VEHICLE OR FACILITY WITH A ROOF EXTENDING OVER THE TIRE, OR SECURELY LOCATED UNDER A MATERIAL SO AS TO PRECLUDE EXPOSURE TO PRECIPITATION. (Ill. Rev. Stat. 1989 ch. 111 1/2, par. 1054.03)

"DISPOSAL" MEANS THE PLACEMENT OF USED TIRES INTO OR ON ANY LAND OR WATER EXCEPT AS AN INTEGRAL PART OF SYSTEMATIC REUSE OR CONVERSION IN THE REGULAR COURSE OF BUSINESS. (Ill. Rev. Stat. 1989 ch. 111 1/2, par. 1054.04)

"NEW TIRE" MEANS A TIRE WHICH HAS NEVER BEEN PLACED ON A VEHICLE WHEEL RIM. (Ill. Rev. Stat. 1989 ch. 111 1/2, par. 1054.05)

"PROCESSING" MEANS THE ALTERING, CONVERTING OR REPROCESSING OF USED OR WASTE TIRES. (Ill. Rev. Stat. 1989 ch. 111 1/2, par. 1054.06)

"REPROCESSED TIRE" MEANS A USED TIRE WHICH HAS BEEN RECAPPED, RETREADED OR regrooved AND WHICH HAS NOT BEEN PLACED ON A VEHICLE WHEEL RIM. (Ill. Rev. Stat. 1989 ch. 111 1/2, par. 1054.07)

"REUSED TIRE" MEANS A USED TIRE THAT IS USED AGAIN, IN PART OR AS A WHOLE, BY BEING EMPLOYED IN A PARTICULAR FUNCTION OR APPLICATION AS AN EFFECTIVE SUBSTITUTE FOR A COMMERCIAL PRODUCT OR FUEL WITHOUT HAVING BEEN CONVERTED. (Ill. Rev. Stat. 1989 ch. 111 1/2, par. 1054.08)

"STORAGE" MEANS ANY ACCUMULATION OF USED TIRES THAT DOES NOT CONSTITUTE DISPOSAL. AT A MINIMUM, SUCH AN ACCUMULATION MUST BE AN INTEGRAL PART OF THE SYSTEMATIC ALTERATION, REUSE, REPROCESSING OR CONVERSION OF THE TIRE IN THE REGULAR COURSE OF BUSINESS. (Ill. Rev. Stat. 1989 ch. 111 1/2, par. 1054.09)

"TIRE" MEANS A HOLLOW RING, MADE OF RUBBER OR SIMILAR MATERIALS, WHICH WAS MANUFACTURED FOR THE PURPOSE OF BEING PLACED ON THE WHEEL RIM OF A VEHICLE. (Ill. Rev. Stat. 1989 ch. 111 1/2, par. 1054.10)

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

"TIRE DISPOSAL SITE" MEANS A SITE WHERE USED TIRES HAVE BEEN DISPOSED OF OTHER THAN A SANITARY LANDFILL PERMITTED BY THE AGENCY. (Ill. Rev. Stat. 1989 ch. 111 1/2, par. 1054.11)

"TIRE STORAGE SITE" MEANS A SITE WHERE USED TIRES ARE STORED OR PROCESSED, OTHER THAN

1) THE SITE AT WHICH THE TIRES WERE SEPARATED FROM THE VEHICLE WHEEL RIM,

2) THE SITE WHERE THE USED TIRES WERE ACCEPTED IN TRADE AS PART OF A SALE OF NEW TIRES, OR

3) A SITE AT WHICH BOTH NEW AND USED TIRES ARE SOLD AT RETAIL IN THE REGULAR COURSE OF BUSINESS, AND AT WHICH NOT MORE THAN 250 USED TIRES ARE KEPT AT ANY TIME. (Ill. Rev. Stat. 1989 ch. 111 1/2, par. 1054.12)

"Tire Transporter" means a person who transports used or waste tires in a vehicle.

"Tire Storage Unit" means a pile of tires or a group of piles of tires.

"USED TIRE" MEANS A WORN, DAMAGED OR DEFECTIVE TIRE WHICH IS NOT MOUNTED ON A VEHICLE WHEEL RIM. (Ill. Rev. Stat. 1989 ch. 111 1/2, par. 1054.13)

"VECTOR" MEANS ARTHROPODS, RATS, MICE, BIRDS OR OTHER ANIMALS CAPABLE OF CARRYING DISEASE-PRODUCING ORGANISMS TO A HUMAN OR ANIMAL HOST. "VECTOR" DOES NOT INCLUDE ANIMALS THAT TRANSMIT DISEASE TO HUMANS ONLY WHEN USED AS HUMAN FOOD. (Ill. Rev. Stat. 1989 ch. 111 1/2, par. 1054.14)

"VEHICLE" MEANS EVERY DEVICE IN, UPON OR BY WHICH ANY PERSON OR PROPERTY IS OR MAY BE TRANSPORTED OR DRAWN, EXCEPT DEVICES MOVED BY HUMAN POWER OR BY ANIMAL POWER, DEVICES USED EXCLUSIVELY UPON STATIONARY RAILS OR TRACKS, AND MOTORIZED WHEELCHAIRS. (Ill. Rev. Stat. 1989 ch. 111 1/2, par. 1054.15)

"WASTE TIRE" MEANS A USED TIRE THAT HAS BEEN DISPOSED OF. (Ill. Rev. Stat. 1989 ch. 111 1/2, par. 1054.16)

SUBPART B: MANAGEMENT STANDARDS

Section 848.201

Applicability

- a) Owners and operators of tire disposal sites and tire storage sites

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

whose operations are not specifically exempted by subsections (b) through (d) shall:

- 1) Meet the requirements of this Subpart by January 1, 1992 if used or waste tires were disposed of or stored prior to January 1, 1992; or
- 2) Meet the requirements of this Subpart prior to storing or disposing any used or waste tires at the site if the site first accepts tires for storage or disposal after January 1, 1992.

b) Tire storage sites and tire disposal sites where less than 50 used or waste tires are stored at the site are exempted from the requirements of this Subpart. Sites where less than 50 used or waste tires are disposed are not exempted from the requirements of this Subpart.

c) The requirements of this Subpart do not apply to used or waste tires disposed in permitted areas of sanitary landfills permitted by the Agency pursuant to 35 Ill. Adm. Code 807. Any used or waste tires thus disposed shall not be included in determining the number of tires for purposes of the requirements of this Subpart. Used or waste tires stored at a sanitary landfill permitted pursuant to 35 Ill. Adm. Code 807 are subject to the requirements of this Subpart.

d) Used tires stored within a building are not subject to the requirements of this Subpart if:

- 1) the building has a roof extending over all sides of the building which is impermeable to precipitation; and
- 2) all windows and doors are in working order and are secured to prevent unauthorized access.

Section 848.202

Requirements

a) Unless exempted by Section 848.201, owners and operators of tire storage sites and tire disposal sites shall meet the requirements of this Section. These requirements shall apply to all used or waste tires located at the site, including altered tires, converted tires and reprocessed tires.

b) At sites at which not more than 500 used or waste tires are located the following requirements shall apply.

- 1) Used or waste tires shall not be placed on or accumulated in

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

any pile outside of any building unless the pile is separated from all other piles by no less than 25 feet and aisle space is maintained to allow the unobstructed movement of personnel and equipment.

- 2) Used or waste tires shall not be accumulated in any area located outside of any building unless the accumulation is separated from all buildings, whether on or off the site, by no less than 25 feet.

- 3) Used or waste tires shall not be placed on or accumulated in any pile unless the pile is separated from all potential ignition sources, including cutting and welding devices, and open fires. by not less than 250 feet or all such activities are carried out within a building.

- 4) Used or waste tires received at the site shall not be stored unless within 14 days after the receipt of any used tire the used tire is altered, reprocessed, converted, covered or otherwise prevented from accumulating water. All used tires received at the site before June 1, 1989, shall be altered, reprocessed, converted, covered or otherwise prevented from accumulating water by no later than January 1, 1992.

- 5) Used or waste tires shall not be abandoned, dumped or disposed on private or public property in Illinois, except in a sanitary landfill permitted by the Agency pursuant to 35 Ill. Adm. Code Part 807.

- 6) Used or waste tires shall not be accepted from a vehicle in which more than 10 tires are loaded unless the tires were transported to the site:

A) in an enclosed vehicle or in a vehicle in which the tires were covered with a material impermeable to water; and

B) the vehicle displays a placard issued by the Agency under Section 848: Subpart F.

- 7) Tires shall not be accumulated in an area if the grade of this area exceeds two percent slope unless the requirements of subsection (d)(3) of this Section are met.

c) In addition to the requirements set forth in subsection (b), the following requirements shall apply at sites at which more than 500 used or waste tires are located.

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

- 1) The owner or operator shall have and maintain a contingency plan which meets the requirements of Section 848.203.
- 2) The owner or operator shall maintain records in accordance with Section 848: Subpart C.
- 3) Used or waste tires shall not be placed on or accumulated in any pile unless the pile is separated from grass, weeds, brush, over-hanging tree limbs and similar vegetative growth by no less than 50 feet.
- 4) Used or waste tires shall not be placed on or accumulated in any tire storage unit unless the unit is no more than 20 feet high by 250 feet wide by 250 feet long. In determining the width or length of any tire storage unit the aisle space between any piles within the unit shall be included.
- 5) Used or waste tires shall not be placed or accumulated in any tire storage unit unless one of the following requirements is met:

- A) The tire storage unit is separated from all buildings, whether located on or off the site, and all other tire storage units by an earthen berm that is no less than 1.5 times the maximum height of any tire pile within the storage unit; or
- B) The tire storage unit is separated from all buildings, whether located on or off the site, and all other tire storage units by a separation distance that is not less than the distance identified by the following:

Required Separation Distances
From Tire Storage Units (in feet)

	Tire Storage Unit Height (in feet)			
	8	12	16	20

	25	56	67	77	
Unit Face	50	75	93	107	118
Dimension	100	100	128	146	164
(in feet)	150	117	149	178	198
	200	130	167	198	226
	250	140	181	216	245

- d) In addition to the requirements set forth in subsections (b) and

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

(c) of this Section, the following requirements shall apply at sites at which more than 2,500 used or waste tires are located.

- 1) The area of the site where used or waste tires are stored shall be completely surrounded by fencing in good repair which is not less than 6 feet in height.
- 2) Entrance to the area where used or waste tires are located shall be controlled at all times by an attendant, locked entrance, television monitors, controlled roadway access or other equivalent mechanisms.
- 3) The area of the site where used or waste tires are stored shall be completely surrounded by an earthen berm or other structure not less than 2 feet in height. The owner or operator shall provide a means for access through or over the berm or other structure accessible by fire fighting equipment.

Section 848.203

Contingency Plan

- a) If an owner or operator of a tire storage site or tire disposal site is required by Section 848.202 to have a contingency plan under this Section, the contingency plan must meet the requirements of this Section.
- b) The contingency plan must be designed to minimize the hazards to human health and the environment from fires and run-off of contaminants resulting from fires and from disease-spreading mosquitoes and other nuisance organisms which may breed in water accumulations in used or waste tires.
- c) The provisions of this plan must be carried out immediately whenever there is a fire or run-off, which could threaten human health or the environment, or evidence of insect production in used or waste tires.
- d) The contingency plan must describe the actions site personnel must take in response to fires, run-off resulting from fires and insect breeding in used or waste tires.
- e) This plan must include an evacuation plan for site personnel. This plan must describe signals to be used to begin evacuation, evacuation routes, and alternate evacuation routes (in cases where the primary routes could be blocked by fire). The plan must include a pesticide application plan for control of insect breeding in used and waste tires. After July 1, 1994, pesticides may only be applied to tires as provided in the contingency plan

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

in response to:

- 1) evidence of insect production in used or waste tires; and
- 2) after notice to the Agency that pesticides will be applied.
- f) A copy of the contingency plan and all revisions to the plan must be maintained at the site, and submitted to the local fire departments, police departments, the Agency and state and local emergency response teams that may be called upon to provide emergency service.
- g) The contingency plan must be reviewed and immediately amended, if the plan fails in an emergency, the site changes in a way that materially increases the potential risk for fires, run-off from fires or insect breeding or the list of emergency coordinators changes.
- h) At all times, there must be at least one employee, either on the site premises or on call, with responsibility for coordinating all emergency response measures. This emergency coordinator must be familiar with all aspects of the contingency plan, all operations and activities at the site, the location of all records within the site and the site layout. In addition, this person must have the authority to commit the resources needed to carry out the contingency plan.

SUBPART C: RECORDKEEPING AND REPORTING

Section 848.301

Applicability

If an owner or operator of a tire storage site or a tire disposal site is required by Section 848.202 to maintain records in accordance with this Subpart, the records and recordkeeping shall meet the requirements of this Subpart.

Section 848.302

Records

- a) The owner and operator shall keep a record of used and waste tires at the site. The owner and operator shall keep the following records:
 - 1) Daily Tire Record
 - 2) Annual Tire Summary
- b) Each Annual Tire Summary submitted to the Agency shall be in a form as prescribed by the Agency.

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

Section 848.303 Daily Tire Record

- a) The Daily Tire Record shall be maintained at the site and shall include the day of the week, the date, the Agency designated site number and the site name and address.
- b) The following information relative to used and waste tires shall be recorded in the Daily Tire Record:
 - 1) The number and weight of whole tires and the weight of chopped or shredded of tires received at the site during the operating business day.
 - 2) The number and weight of whole tires and the weight of chopped or shredded tires transported from the site during the operating business day and the destination of the tires so transported.
 - 3) The total number of whole tires remaining in storage at the conclusion of the operating business day.
 - 4) The number and weight of whole tires and the weight of chopped or shredded tires burned or combusted during the operating business day.
- c) Entries on the Daily Tire Record as required by subsection (a) shall be made contemporaneously with the receipt or transport of each load, unless the operator uses a different method of recording the required information which assures that required information can be entered on the Daily Tire Record by the end of each business day, in which case the information must be recorded in the Daily Tire Record by the end of each business day. Where an alternative method of contemporaneous recording is used, that record, in addition to the Daily Tire Record, must be maintained in accordance with the record retention provisions of Section 848.305.

Section 848.304

Annual Tire Summary

- a) An Annual Tire Summary shall be maintained at the site and shall include the Agency designated site number, the site name and address and the calendar year for which the summary applies.
- b) The following information relative to Used and Waste Tires shall be recorded in the Annual Tire Summary.
 - 1) The number and weight of whole tires and the weight of

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

chopped or shredded tires received at the site during the calendar year.

- 2) The number and weight of whole tires and the weight of chopped or shredded tires transported from the site during the calendar year.
- 3) The total number of whole tires remaining in storage at the conclusion of the calendar year.
- 4) The number and weight of whole tires and the weight of chopped or shredded tires burned as fuel or combusted as waste during the calendar year.
- c) The Annual Tire Summary shall be received by the Agency on or before January 31 of each year and shall cover the preceding calendar year.

Section 848.305 Retention of Records

Copies of all records required to be kept under this Subpart shall be retained by the owner and operator for three years and shall be made available at the site during the normal business hours of the operator for inspection and photocopying by the Agency.

Section 848.306 Certification

- a) All records, summaries or reports submitted to the Agency as required by this Subpart shall be signed by a person responsible for preparing and reviewing such documents as part of his or her duties in the regular course of business.
- b) Any person signing a document submitted under this Part shall make the following certification:

I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the

information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties under Section 44 of the Environmental Protection Act for submitting false information, including the possibility of fine and imprisonment for knowing violations.

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

SUBPART D: FINANCIAL ASSURANCE

Section 848.401 Applicability

- a) The requirements of this Subpart shall apply to owners and operators of tire storage sites and tire disposal sites, except as provided otherwise in this Section.
- b) Unless exempted by subsection (c), for tire storage sites and tire disposal sites where used or waste tires are disposed or stored prior to January 1, 1992, owners and operators shall comply with the requirements of this Subpart by January 1, 1992. Unless exempted by subsection (c), for tire storage sites and tire disposal sites where used or waste tires are first stored or disposed after January 1, 1992, owners and operators shall comply with the requirements of this Subpart prior to storing or disposing any used or waste tires at the site.

- c) The following owners and operators of tire storage sites and tire disposal sites are exempted from the requirements of this Subpart:

- 1) Owners and operators where the real estate of the site is owned by the federal government or an agency thereof, the State of Illinois or an agency thereof or a unit of local government.
- 2) Owners and operators of tire disposal sites where the site has been permitted by the Agency under 35 Ill. Adm. Code 807 for the disposal of solid waste at a sanitary landfill. If used or waste tires are stored at the site in addition to being disposed at the site then the storage activities, unless otherwise exempted, are subject to the requirements of this Subpart.
- 3) Owners and operators where less than 500 used or waste tires are stored at the site and less than 50 used or waste tires have been disposed at the site as reported on the notice of activity annually submitted to the Agency under Section 55(c) of the Act.
- 4) Owners and operators where, as reported on the notice of activities annually submitted to the Agency under Subsection 55(c) of the Act, less than 5000 used or waste tires are stored at the site and less than 50 used or waste tires have been disposed, if the owner or operator has not been issued 2 written notices under Section 55.5 in any calendar year for violation of subsection (a), (b) or (c) of

NOTICE OF PROPOSED RULES

Section 55.

- 5) Owners and operators of tire disposal sites where written approval of a tire removal agreement has been obtained from the Agency under Section 848: Subpart E and tires have been or are being removed from the site in accordance with the schedule in the tire removal agreement.

Section 848.402 Cost Estimate for Tire Removal

- a) Beginning January 1, 1992, the owner or operator shall annually submit to the Agency a written estimate of the cost of removing all used and waste tires from the site. The cost estimate shall be submitted with the notice of activity annually submitted to the Agency under Section 55(c) of the Act.
- b) The estimate must equal the cost of removing the maximum number of used and waste tires reported on the notice of activity for the calendar year as submitted to the Agency under Section 55(c) of the Act.
- c) The estimate must be based on the costs to the owner or operator of hiring a third party to remove the used and waste tires from the site. A third party is a party who is neither a parent nor a subsidiary of the owner or operator. Notwithstanding the above, an owner or operator may use costs to the Agency under a contract to perform tire removal actions for the area in which the site is located as a basis for determining the removal cost estimate.

Section 848.403 Financial Assurance for Tire Removal

An owner or operator shall establish financial assurance for the removal of used and waste tires from the site. The owner or operator shall choose from the options as specified in subsections (a) through (c).

- a) Removal trust fund.
 - 1) An owner or operator may satisfy the requirements of this Section by establishing a removal trust fund which conforms to the requirements of this paragraph and submitting an original, signed duplicate of the trust agreement to the Agency. The trustee must be an entity which has the authority to act as a trustee and whose trust operations are regulated and examined by a Federal or State agency.
 - 2) The wording of the trust agreement must be as specified in Section 848. Appendix A, Illustration A and the trust agreement must be accompanied by a formal certification of

NOTICE OF PROPOSED RULES

acknowledgment as specified in Section 848. Appendix A, Illustration B. Schedule A of the trust agreement must be updated within 60 days after a change in the amount of the current removal cost estimate covered by the agreement.

- 3) Payments into the trust fund must be made annually by the owner or operator over the 5 years beginning January 1, 1992, or the date used or waste tires are first received, whichever is later. This period is hereafter referred to as the "pay-in period." The payments into the removal trust fund must be made as follows:
 - A) The first payment must be made before January 1, 1992 or the date used or waste tires are first received at the facility, whichever is later. The first payment must be at least equal to the current removal cost estimate, except as provided in subsection (f), divided by 5.
 - B) Subsequent payments must be made no later than 30 days after each anniversary date of the first payment. The amount of each subsequent payment must be determined by this formula:

$$\text{Next payment} = (CE - CV) / Y$$

where CE is the current removal cost estimate, CV is the current value of the trust fund and Y is the number of years remaining in the pay-in period.

- 4) The owner or operator may accelerate payments into the trust fund or may deposit the full amount of the current removal cost estimate at the time the fund is established. However, the owner or operator shall maintain the value of the fund at no less than the value that the fund would have if annual payments were made as specified in subsection (a)(3).
- 5) If the owner or operator establishes a removal trust fund after having used one or more alternate mechanisms specified in this Section, the owner or operator's first payment must be in at least the amount that the fund would contain if the trust fund were established initially and annual payments made as specified in subsection (a)(3).
- 6) After the pay-in period is completed, the owner or operator shall annually compare the removal cost estimate with the trustee's most recent annual valuation of the trust fund. If the value of the fund is less than the amount of the most

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

recent estimate, the owner or operator, within 120 days after the change in the cost estimate, shall either deposit an amount into the fund so that its value after this deposit at least equals the amount of the current removal cost estimate, or obtain other financial assurance as specified in this Section to cover the difference.

7) If the value of the trust fund is greater than the total amount of the current removal cost estimate, the owner or operator may submit a written request to the Agency for release of the amount in excess of the current removal cost estimate.

8) If an owner or operator substitutes other financial assurance as specified in this Section for all or part of the trust fund, the owner or operator may submit a written request to the Agency for release of the amount in excess of the current removal cost estimate covered by the trust fund.

9) Within 90 days after receiving a request from the owner or operator for release of funds as specified in subsections (a)(7) or (a)(8), the Agency shall instruct the trustee to release to the owner or operator such funds as the Agency specifies in writing.

10) After beginning partial or final removal, an owner or operator or another person authorized to conduct partial or final removal may request reimbursement for removal expenditures by submitting itemized bills to the Agency. The owner or operator may request reimbursement for partial removal only if sufficient funds are remaining in the trust fund to cover the maximum costs of removing all remaining used and waste tires. Within 60 days after receiving bills for partial or final removal activities, the Agency shall instruct the trustee to make reimbursement in those amounts as the Agency specifies in writing if the Agency determines that the partial or final removal expenditures are in accordance with the approved removal plan, or otherwise justified. If the Agency determines that the maximum cost of removal over the remaining life of the facility will be significantly greater than the value of the trust fund, it shall withhold reimbursement of such amounts as it deems prudent until it determines, in accordance with subsection (f), that the owner or operator is no longer required to maintain financial assurance for final removal of used and waste tires at the facility. If the Agency does not instruct the trustee to make such reimbursements, the Agency

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

shall provide the owner or operator a detailed written statement of reasons.

11) The Agency shall agree to termination of the trust when:

A) An owner or operator substitutes alternate financial assurance as specified in this Section; or

B) The Agency releases the owner or operator from the requirements of this Section in accordance with subsection (f).

b) Removal letter of credit.

1) An owner or operator may satisfy the requirements of this Section by obtaining an irrevocable standby letter of credit which conforms to the requirements of this paragraph and submitting the letter to the Agency. The issuing institution must be an entity which has the authority to issue letters of credit and whose letter-of-credit operations are regulated and examined by a Federal or State agency.

2) The wording of the letter of credit must be as specified in Section 848. Appendix A, Illustration C.

3) An owner or operator who uses a letter of credit to satisfy the requirements of this Section shall also establish a standby trust fund. Under the terms of the letter of credit, all amounts paid pursuant to a draft by the Agency will be deposited by the issuing institution directly into the standby trust fund in accordance with instructions from the Agency. This standby trust fund must meet the requirements of the trust fund specified in subsection (a), except that:

A) An original, signed duplicate of the trust agreement must be submitted to the Agency with the letter of credit; and

B) Unless the standby trust fund is funded pursuant to the requirements of this Section, the following are not required by these regulations.

i) Payments into the trust fund as specified in subsection (a).

ii) Updating of Schedule A of the trust agreement to

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

show current removal cost estimates.

- iii) Annual valuations as required by the trust agreement.
- iv) Notices of nonpayment as required by the trust agreement.
- 4) The letter of credit must be accompanied by a letter from the owner or operator referring to the letter of credit by number, issuing institution, and date and providing the following information: the EPA Identification Number, name and address of the site, and the amount of funds assured for removal of used and waste tires at the site by the letter of credit.

5) The letter of credit must be irrevocable and issued for a period of at least 1 year. The letter of credit must provide that the expiration date will be automatically extended for a period of at least 1 year unless, at least 120 days before the current expiration date, the issuing institution notifies both the owner or operator and the Agency by certified mail of a decision not to extend the expiration date. Under the terms of the letter of credit, the 120 days will begin on the date when both the owner or operator and the Agency have received the notice, as evidenced by the return receipts.

6) The letter of credit must be issued in an amount at least equal to the current removal cost estimate, except as provided in subsection (d).

7) Whenever the current removal cost estimate increases to an amount greater than the amount of the credit, the owner or operator, within 120 days after the increase, shall either cause the amount of the credit to be increased so that it at least equals the current removal cost estimate and submit evidence of such increase to the Agency, or obtain other financial assurance as specified in this Section to cover the increase. Whenever the current removal cost estimate decreases, the amount of the credit may be reduced to the amount of the current removal cost estimate following written approval by the Agency.

8) Following a failure by the owner or operator to perform final removal in accordance with the approved removal plan when required to do so, the Agency may draw on the letter of credit.

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

9) If the owner or operator does not establish alternate financial assurance as specified in this Section and obtain written approval of such alternate assurance from the Agency within 90 days after receipt by both the owner or operator and the Agency of a notice from issuing institution that it has decided not to extend the letter of credit beyond the current expiration date, the Agency shall draw on the letter of credit. The Agency may delay the drawing if the issuing institution grants an extension of the term of the credit. During the last 30 days of any such extension the Agency shall draw on the letter of credit if the owner or operator has failed to provide alternate financial assurance as specified in this Section and obtain written approval of such assurance from the Agency.

10) The Agency shall return the letter of credit to the issuing institution for termination when:

- A) An owner or operator substitutes alternate financial assurance as specified in this Section; or
- B) The Agency releases the owner or operator from the requirements of this Section in accordance with subsection (f).

c) Financial test and corporate guarantee for closure.

1) An owner or operator may satisfy the requirements of this Section by demonstrating that the owner or operator passes a financial test as specified in this paragraph. To pass this test the owner or operator shall meet the criteria of either subsection (c)(1)(A) or (c)(1)(B):

- A) The owner or operator shall have:
 - i) Two of the following three ratios: a ratio of total liabilities to net worth less than 2.0; a ratio of the sum of net income plus depreciation, depletion and amortization to total liabilities greater than 0.1; and a ratio of current assets to current liabilities greater than 1.5;
 - ii) Net working capital and tangible net worth each at least six times the sum of the current removal cost estimates;

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

- iii) Tangible net worth of at least \$10 million; and
- iv) Assets located in the United States amounting to at least 90 percent of total assets or at least six times the sum of the current removal cost estimates.

B) The owner or operator shall have:

- i) A current rating for its most recent bond issuance of AAA, AA, A or BBB as issued by Standard and Poor's or Aaa, Aa, A or Baa as issued by Moody's;
- ii) Tangible net worth at least six times the sum of the current removal cost estimates;
- iii) Tangible net worth of at least \$10 million; and
- iv) Assets located in the United States amounting to at least 90 percent of total assets or at least six times the sum of the current removal cost estimates.

2) The phrase "current removal cost estimates" as used in subsection (c)(1) refers to the cost estimates required to be shown in paragraphs 1-4 of the letter from the owner's or operator's chief financial officer (Section 848. Appendix A, Illustration D).

3) To demonstrate that the owner or operator meets this test, the owner or operator shall submit the following items to the Agency.

- A) A letter signed by the owner's or operator's chief financial officer and worded as specified in Section 848. Appendix A, Illustration D.
- B) A copy of the independent certified public accountant's report on examination of the owner's or operator's financial statements for the latest completed fiscal year.
- C) A special report from the owner's or operator's independent certified public accountant to the owner or operator stating that:
 - i) The accountant has compared the data which the

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

letter from the chief financial officer specifies as having been derived from the independently audited, year-end financial statements for the latest fiscal year with the amounts in such financial statements; and

- ii) In connection with that procedure, no matters came to the accountant's attention which caused the accountant to believe that the specified data should be adjusted.

5) After the initial submission of items specified in subsection (c)(3), the owner or operator shall send updated information to the Agency within 90 days after the close of each succeeding fiscal year. This information must consist of all three items specified in subsection (c)(3).

6) If the owner or operator no longer meets the requirements of subsection (c)(1), the owner or operator shall send notice to the Agency of intent to establish alternate financial assurance as specified in this Section. The notice must be sent by certified mail within 90 days after the end of the fiscal year for which the year-end financial data show that the owner or operator no longer meets the requirements. The owner or operator shall provide the alternate financial assurance within 120 days after the end of such fiscal year.

7) The Agency may, based on a reasonable belief that the owner or operator may no longer meet the requirements of subsection (c)(1), require reports of financial condition at any time from the owner or operator in addition to those specified in subsection (c)(3). If the Agency finds, on the basis of such reports or other information, that the owner or operator no longer meets the requirements of subsection (c)(1), the owner or operator shall provide alternate financial assurance as specified in this Section within 60 days after notification of such a finding.

8) The Agency may disallow use of this test on the basis of qualifications in the opinion expressed by the independent certified public accountant in the accountant's report on examination of the owner's or operator's financial statements (see subsection (c)(3)(B)). An adverse opinion or a disclaimer of opinion will be cause for disallowance. The Agency shall evaluate other qualifications on an individual basis. The owner or operator shall provide alternate financial assurance as specified in this Section

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

within 30 days after notification of the disallowance.

- 9) The owner or operator is no longer required to submit the items specified in subsection (c)(3) when:
- A) An owner or operator substitutes alternate financial assurance as specified in this Section; or
- B) The Agency releases the owner or operator from the requirements of this Section in accordance with subsection (f).
- 10) An owner or operator may meet the requirements of this Section by obtaining a written guarantee, hereafter referred to as "corporate guarantee." The guarantor shall be the parent corporation of the owner or operator. The guarantor shall meet the requirements for owners or operators in subsections (c)(1) through (c)(8) and shall comply with the terms of the corporate guarantee. The wording of the corporate guarantee must be as specified in Section 848-Appendix A, Illustration E. The corporate guarantee must accompany the items sent to the Agency as specified in subsection (c)(3). The terms of the corporate guarantee must provide the following items:

- A) If the owner or operator fails to perform final removal of used and waste tires at a facility covered by the corporate guarantee the guarantor will do so or establish a trust fund as specified in subsection (a) in the name of the owner or operator.
- B) The corporate guarantee will remain in force unless the guarantor sends notice of cancellation by certified mail to the owner or operator and to the Agency. Cancellation may not occur, however, during the 120 days beginning on the date of receipt of the notice of cancellation by both the owner or operator and the Agency, as evidenced by the return receipts.
- C) If the owner or operator fails to provide alternate financial assurance as specified in this Section and obtain the written approval of such alternate assurance from the Agency within 90 days after receipt by both the owner or operator and the Agency of a notice of cancellation of the corporate guarantee from the guarantor, the guarantor will provide such alternate financial assurance in the name of the owner or operator.

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

- d) Use of multiple financial mechanisms. An owner or operator may satisfy the requirements of this Section by establishing more than one financial mechanism per facility. These mechanisms are limited to trust funds and letters of credit. The mechanisms must be as specified in subsections (a) and (b), respectively, except that it is the combination of mechanisms, rather than the single mechanism, which must provide financial assurance for an amount at least equal to the current removal cost estimate. If an owner or operator uses a trust fund in combination with a letter of credit, the owner or operator may use the trust fund as the standby trust fund for the other mechanisms. A single standby trust fund may be established for two or more mechanisms. The Agency may use any or all of the mechanisms to provide for removal of used and waste tires from the site.
- e) Use of a financial mechanism for multiple facilities. An owner or operator may use a financial assurance mechanism specified in this Section to meet the requirements of this Section for more than one facility. Evidence of financial assurance submitted to the Agency must include a list showing, for each facility, name, address and the amount of funds for removal assured by the mechanism. The amount of funds available through the mechanism must be no less than the sum of funds that would be available if a separate mechanism had been established and maintained for each facility. The amount of funds available to the Agency must be sufficient to remove used and waste tires at all of the owner or operator's facilities. In directing funds available through the mechanism for removal of used and waste tires at any of the facilities covered by the mechanism, the Agency may direct only the amount of funds designated for that facility, unless the owner or operator agrees to the use of additional funds available under the mechanism.
- f) Release of the owner or operator that final removal has been completed in accordance with the approved removal plan. The Agency shall notify the owner or operator in writing that the owner or operator is no longer required by this Section to maintain financial assurance for removal of used and waste tires at the facility, unless the Agency determines that removal has not been in accordance with the approved removal plan. The Agency shall provide the owner or operator a detailed written statement of any such determination that removal has not been in accordance with the approved removal plan.
- g) Appeal. The following Agency actions are deemed to be permit modifications or refusals to modify for purposes of appeal to the Board.

POLLUTION CONTROL BOARD

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

NOTICE OF PROPOSED RULES

- 1) An increase in, or a refusal to decrease the amount of a letter of credit or a trust fund.
- 2) Requiring alternate assurance upon a finding that an owner or operator, or parent corporation, no longer meets a financial test.

SUBPART E: TIRE REMOVAL AGREEMENTS

Section 848.501

Applicability

- a) By January 1, 1992, the owner or operator of a tire disposal site shall obtain written approval from the Agency of a tire removal agreement submitted pursuant to this Subpart unless:

- 1) THE OWNER OR OPERATOR HAS ENTERED INTO A WRITTEN AGREEMENT TO PARTICIPATE IN A CONSENSUAL REMOVAL ACTION UNDER SECTION 55.3(c) OF THE ACT (Ill. Rev. Stat. 1989 ch. 111 1/2, par. 1055.4); or

- 2) The owner or operator has received a permit from the Agency pursuant to the requirements of 35 Ill. Adm. Code 807 for permitting the disposal of solid waste at sanitary landfills; or

- 3) The owner or operator has submitted a complete written proposal for a tire removal agreement to the Agency in accordance with this Subpart by July 1, 1991, the owner or operator has submitted all information reasonably required or necessary to process the submission and the Agency has not made a determination with respect to the submittal.

- b) The requirements of subsection (a) shall not apply if the owner or operator has removed all used and waste tires from the tire disposal site prior to January 1, 1992. An owner or operator may obtain approval of a tire removal agreement for a specific area within a facility; however, the remainder of the facility must be operated under a permit issued by the Agency under 35 Ill. Adm. Code 807 for the disposal of solid waste in sanitary landfills or be subject to a consensual removal action under Section 55.3(c) of the Act.

- c) For tire disposal sites at which used or waste tires are first disposed after January 1, 1992, prior to disposing any used or waste tires the owner or operator shall obtain a permit from the Agency pursuant to the requirements of 35 Ill. Adm. Code 807 for permitting the disposal of solid wastes at sanitary landfills.

Section 848.502

Removal Performance Standard

THE OWNER OR OPERATOR OF A TIRE DISPOSAL SITE REQUIRED TO FILE AND RECEIVE APPROVAL OF A TIRE REMOVAL AGREEMENT UNDER THIS SUBPART E SHALL REMOVE USED OR WASTE TIRES FROM THE SITE IN A MANNER THAT:

- a) MINIMIZES THE NEED FOR FURTHER MAINTENANCE;
- b) REMOVES ALL USED AND WASTE TIRES AND ANY RESIDUES THEREFROM; AND
- c) PROTECTS HUMAN HEALTH DURING THE REMOVAL AND POST REMOVAL PERIODS. (Ill. Rev. Stat. 1989 ch. 111 1/2, par. 1055.4)

Section 848.503

Contents of Proposed Tire Removal Agreements

- a) A proposed TIRE REMOVAL AGREEMENT SUBMITTED TO THE AGENCY for approval under this Subpart E SHALL INCLUDE THE FOLLOWING:

- 1) A COMPLETE INVENTORY OF THE TIRES LOCATED ON THE SITE.
- 2) A DESCRIPTION OF HOW THE REMOVAL WILL BE CONDUCTED IN ACCORDANCE WITH SECTION 848.502.
- 3) A DESCRIPTION OF THE METHODS TO BE USED DURING REMOVAL INCLUDING, BUT NOT LIMITED TO, THE METHODS FOR REMOVING, TRANSPORTING, PROCESSING, STORING OR DISPOSING OF TIRES AND RESIDUES, AND THE OFFSITE FACILITIES TO BE USED.
- 4) A DETAILED DESCRIPTION OF OTHER ACTIVITIES NECESSARY DURING THE REMOVAL PERIOD TO ENSURE THAT THE REQUIREMENTS OF SECTION 848.502 ARE MET.

- 5) A SCHEDULE OF COMPLETING THE REMOVAL OF TIRES FROM THE SITE, AS REQUIRED IN SECTION 848.504. (Ill. Rev. Stat. 1989 ch. 111 1/2, par. 1055.4)

- b) The owner or operator may propose amendment of the tire removal agreement at any time prior to notification of the completion of partial or final removal of tires from the facility. An owner or operator with an approved tire removal agreement shall submit a written request to the Agency to authorize a change to the approved tire removal agreement. The written request must include a copy of the amended tire removal agreement for approval by the Agency.

- c) Nothing in this Section shall preclude the owner or operator from removing used or waste tires in accordance with the approved

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

partial or final tire removal agreement before certification of completion of partial or final removal.

Section 848.504 Time Allowed for Tire Removal

a) EACH APPROVED tire removal AGREEMENT SHALL INCLUDE A SCHEDULE BY WHICH THE OWNER OR OPERATOR MUST COMPLETE THE REMOVAL ACTIVITIES. THE TOTAL TIME ALLOWED SHALL NOT EXCEED THE FOLLOWING:

- 1) ONE YEAR IF THE SITE CONTAINS 1,000 TIRES OR LESS;
- 2) TWO YEARS IF THE SITE CONTAINS MORE THAN 1,000 TIRES BUT LESS THAN 10,000 TIRES;
- 3) FIVE YEARS IF THE SITE CONTAINS 10,000 OR MORE TIRES.

b) THE OWNER OR OPERATOR MAY APPLY FOR AN EXTENSION OF TIME, NO LATER THAN 90 DAYS BEFORE THE END OF THE TIME PERIOD SPECIFIED IN THE AGREEMENT. THE AGENCY SHALL NOT GRANT SUCH AN EXTENSION UNLESS IT DETERMINES THAT THE OWNER OR OPERATOR HAS PROCEEDED TO CARRY OUT THE AGREEMENT WITH ALL DUE DILIGENCE. THE REQUESTED EXTENSION OF TIME MAY NOT EXCEED 3 YEARS, AND THE AGENCY MAY APPROVE THE REQUEST AS SUBMITTED OR MAY APPROVE A LESSER AMOUNT OF TIME IF THE removal activities can be reasonably completed within such lesser amount of time. (Ill. Rev. Stat. 1989 ch. 111 1/2, par. 1055.4)

Section 848.505 Certification of Removal Completion

WITHIN 60 DAYS AFTER THE COMPLETION OF REMOVAL ACTIVITIES UNDER AN APPROVED tire removal AGREEMENT under this Subpart E, THE OWNER OR OPERATOR SHALL SUBMIT TO THE AGENCY A CERTIFICATION THAT THE SITE OR THE AFFECTED PORTION OF THE SITE subject to a tire removal agreement HAS BEEN CLEARED OF TIRES IN ACCORDANCE WITH THE APPROVED tire removal AGREEMENT. (Ill. Rev. Stat. 1989 ch. 111 1/2, par. 1055.4)

Section 848.506 Agency Approval

FOR A SITE AT WHICH THE OWNER OR OPERATOR IS PROPOSING TO PROCEED WITH REMOVAL under a tire removal agreement, rather than obtaining a permit under 35 Ill. Adm. Code 807 for the disposal of solid waste in a sanitary landfill, THE AGENCY SHALL APPROVE, MODIFY OR DISAPPROVE A PROPOSED AGREEMENT WITHIN 90 DAYS OF RECEIVING IT. IF THE AGENCY DOES NOT APPROVE THE AGREEMENT, THE AGENCY SHALL PROVIDE THE OWNER OR OPERATOR WITH A WRITTEN STATEMENT OF REASONS FOR THE REFUSAL, AND THE OWNER OR OPERATOR SHALL MODIFY THE AGREEMENT OR SUBMIT A NEW AGREEMENT FOR APPROVAL WITHIN 30 DAYS AFTER RECEIVING THE STATEMENT. THE AGENCY SHALL APPROVE OR MODIFY THE SECOND PROPOSED AGREEMENT WITHIN 60 DAYS. IF THE AGENCY MODIFIES THE SECOND PROPOSED AGREEMENT, THE AGREEMENT AS MODIFIED SHALL BECOME THE APPROVED AGREEMENT. (Ill. Rev. Stat. 1989 ch. 111

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

1/2, par. 1055.4)

Section 848.507 Board Review

MODIFICATION OF OR REFUSAL TO MODIFY A proposed tire removal AGREEMENT SUBMITTED BY AN OWNER OR OPERATOR PROPOSING TO PROCEED WITH REMOVAL under a tire removal agreement IS A PERMIT DENIAL FOR PURPOSES OF appeal pursuant to 35 Ill. Adm. Code 105. (Ill. Rev. Stat. 1989 ch. 111 1/2, par. 1055.4)

SUBPART F: TIRE TRANSPORTATION REQUIREMENTS

Section 848.601 Tire Transportation Prohibitions

a) Except as provided in Subsection (c), no person shall transport more than 10 used or waste tires in a vehicle unless the following requirements are met.

- 1) The owner or operator has registered the vehicle with the Agency in accordance with this Subpart, received approval of such registration from the Agency, and such registration is current, valid and in effect.
- 2) The owner or operator displays a placard on the vehicle, issued by the Agency following registration, in accordance with the requirements of this Subpart.
- 3) The tires are covered by a material or roof impermeable to water.

b) No person shall provide, deliver or transport used or waste tires to a tire transporter for transport unless the vehicle displays a placard issued by the Agency under this Subpart identifying the transporter as a registered tire hauler.

c) The requirements set forth in subsections (a) and (b) shall only apply to tires transported from tire disposal sites, tire storage sites, sites where used tires were accepted in trade as part of a sale of new tires or sites at which both new and used tires are sold at retail in the regular course of business.

Section 848.602 Tire Transportation Registrations

a) Tire transportation registrations shall be made on application forms prescribed by the Agency which as a minimum shall require the following information:

- 1) Name, address, telephone number and location of the vehicle owner and operator.

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

- 2) A description of the number and types of vehicles to be used.
- 3) An agreement by the vehicle owner and identified operator that:
 - A) Tire loading, transportation and unloading will be conducted in compliance with all applicable state and federal laws and regulations.
 - B) All vehicles used in tire transportation will be clean and in good repair at all times when so employed.
 - C) No tires shall be transported with other wastes on one vehicle if such could result in a hazardous combination likely to cause explosion, fire or release of a dangerous or toxic gas or in violation of any applicable state or federal law and regulation.
 - D) The equipment and procedures to be used shall be proper for the tire transportation to be safe for the haulers, handlers, and others, and meet the requirements of all other applicable state and federal laws and regulations.
- b) All tire transporter registrations shall be signed by the owner and operator of the vehicle; or, in the name of the owner and operator, by the owner's and operator's duly authorized agent when accompanied by evidence of authority to sign the application.

Section 848.603 Agency Approval of Registrations

- a) Tire transporter registration applications shall be deemed to be filed on the date of initial receipt by the Agency of a properly completed application on the form prescribed.
- b) If the Agency fails to take final action approving or denying approval of this registration within 90 days from the filing of the completed application, the applicant may deem the registration approval granted for a period of one calendar year commencing on the 91st day after the application was filed.
- c) The Agency shall be deemed to have taken final action on the date that the notice of final action is mailed.
- d) The Agency shall require the application to be complete and consistent with the provisions of the Act and Board regulations

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

and may undertake such investigations and request the applicant to furnish such proof as it deems necessary to verify the information and statements made in the application. If the application is complete and the approval thereof will not cause a violation of the Act or Board regulations, the Agency shall approve the registration.

- e) In approving tire transporter registrations hereunder, the Agency may impose such conditions as may be necessary to accomplish the purposes of the Act and the Board regulations.
- f) The applicant may deem any conditions imposed by the Agency as a denial of approval of the registration for purposes of review pursuant to Section 40 of the Act.
- g) A tire transporter registration approved hereunder is automatically modified to include any relevant change in the Act or Board regulations.
- h) No tire transporter registration is transferable from one person to another. A tire transporter registration is personal to the person(s) named in the tire transporter registration.
- i) Violation of any conditions or failure to comply with any provisions of the Act or with any Board regulation shall be grounds for sanctions as provided in the Act, including revocation of the registration as herein provided and the denial of applications for renewal.

Section 848.604 Registration No Defense

The existence of an approved tire transporter registration under these rules shall not provide the transporter with a defense to a violation of the Act or Board regulations, except for hauling used or waste tires without an approved tire transporter registration.

Section 848.605 Duration and Renewal

- a) All registrations approved hereunder shall be effective for a period of two years from the date of approval and are renewable.
- b) Applications for registration renewal shall be made 90 days prior to the expiration date of the registration on the forms prescribed by the Agency.

Section 848.606 Vehicle Placarding

- a) Upon approval of a registration as a tire transporter, the owner

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

or operator of any vehicle registered to transport used or waste tires shall place a placard on opposite sides of the vehicles which displays a number issued by the Agency following the words "Registered Tire Transporter: (number)."

- b) Numbers and letters shall be removable only by destruction. Directly adjacent to the words and number, the vehicle owner and operator shall display a seal furnished by the Agency which shall designate the date on which the registration expires.

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

Section 848.APPENDIX A, ILLUSTRATION A "TRUST AGREEMENT"

Trust Fund Number _____

Trust Agreement, the "Agreement," entered into as of _____ by and between _____, the "Grantor," and _____, the "Trustee."

Whereas, the Illinois Pollution Control Board, "IPCB," has established certain regulations applicable to the Grantor, requiring that owners or operators of tire storage sites and tire disposal sites shall provide assurance that funds will be available when needed for removal of used and waste tires from the site.

Whereas, the Grantor has elected to establish a trust to provide all or part of such financial assurance for the sites identified herein.

Whereas, the Grantor, acting through its duly authorized officers, has selected the Trustee to be the trustee under this agreement, and the Trustee is willing to act as trustee.

Now, Therefore, the Grantor and the Trustee agree as follows:

Section 1. Definitions. As used in this Agreement:

- (a) The term "Grantor" means the owner or operator who enters into this Agreement and any successors or assigns of the Grantor.
- (b) The term "Trustee" means the Trustee who enters into this Agreement and any successor Trustee.

Section 2. Identification of Sites and Cost Estimates. This Agreement pertains to the sites and cost estimates identified on attached Schedule A (on Schedule A, for each site list the IEPA Identification Number, name, address, and the current removal cost estimates, or portions thereof, for which financial assurance is demonstrated by this Agreement).

Section 3. Establishment of Fund. The Grantor and the Trustee hereby establish a trust fund, the "Fund," for the benefit of the Illinois Environmental Protection Agency (IEPA). The Grantor and the Trustee intend that no other third party have access to the Fund except as herein provided. The Fund is established initially as consisting of the property, which is acceptable to the Trustee, described in Schedule B attached hereto. Such property and any other property subsequently transferred to the Trustee is referred to as the Fund, together with all earnings and profits thereon, less any payments or distributions made by the Trustee pursuant to this Agreement.

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

The Fund shall be held by the Trustee, IN TRUST, as hereinafter provided. The Trustee shall not be responsible nor shall it undertake any responsibility for the amount or adequacy of, nor any duty to collect from the Grantor, any payments necessary to discharge any liabilities of the Grantor established by IEPA.

Section 4. Payment for Used and Waste Tire Removal. The Trustee shall make payments from the Fund as the IEPA Director shall direct, in writing, to provide for the payment of the costs of removal of used and waste tires at the sites covered by this Agreement. The Trustee shall reimburse the Grantor or other persons as specified by the IEPA Director from the Fund for removal expenditures in such amounts as the IEPA Director shall direct in writing. In addition, the Trustee shall refund to the Grantor such amounts as the IEPA Director specifies in writing. Upon refund, such funds shall no longer constitute part of the Fund as defined herein.

Section 5. Payments Comprising the Fund. Payments made to the Trustee for the Fund shall consist of cash or securities acceptable to the Trustee.

Section 6. Trustee Management. The Trustee shall invest and reinvest the principal and income of the Fund and keep the Fund invested as a single fund, without distinction between principal and income, in accordance with general investment policies and guidelines which the Grantor may communicate in writing to the Trustee from time to time, subject, however, to the provisions of this Section. In investing, reinvesting, exchanging, selling, and managing the Fund, the Trustee shall discharge his duties with respect to the trust fund solely in the interest of the beneficiary and with the care, skill, prudence, and diligence under the circumstances then prevailing which persons of prudence, acting in a like capacity and familiar with such matters, would use in the conduct of an enterprise of a like character and with like aims; except that;

- (i) Securities or other obligations of the Grantor, or any other owner or operator of the sites, or any of their affiliates as defined in the Investment Company Act of 1940, as amended, 15 U.S.C. 80a-2.(a), shall not be acquired or held, unless they are securities or other obligations of the Federal or a State government;
- (ii) The Trustee is authorized to invest the Fund in time or demand deposits of the Trustee, to the extent insured by an agency of the Federal or State government; and
- (iii) The Trustee is authorized to hold cash awaiting investment or distribution uninvested for a reasonable time and without liability for the payment of interest thereon.

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

Section 7. Commingling and Investment. The Trustee is expressly authorized in its discretion:

- (a) To transfer from time to time any or all of the assets of the Fund to any common, commingled, or collective trust fund created by the Trustee in which the Fund is eligible to participate, subject to all of the provisions thereof, to be commingled with the assets of other trusts participating therein; and
- (b) To purchase shares in any investment company registered under the Investment Company Act of 1940, 15 U.S.C. 80a-1 et seq., including one which may be created, managed, underwritten, or to which investment advice is rendered or the shares of which are sold by the Trustee. The Trustee may vote such shares in its discretion.

Section 8. Express Powers of Trustee. Without in any way limiting the powers and discretions conferred upon the Trustee by the other provisions of this Agreement or by law, the Trustee is expressly authorized and empowered:

- (a) To sell, exchange, convey, transfer, or otherwise dispose of any property held by it, by public or private sale. No person dealing with the Trustee shall be bound to see to the application of the purchase money or to inquire into the validity or expediency of any such sale or other disposition;
- (b) To make, execute, acknowledge, and deliver any and all documents of transfer and conveyance and any and all other instruments that may be necessary or appropriate to carry out the powers herein granted;
- (c) To register any securities held in the Fund in its own name or in the name of a nominee and to hold any security in bearer form or in book entry, or to combine certificates representing such securities with certificates of the same issue held by the Trustee in other fiduciary capacities, or to deposit or arrange for the deposit of such securities in a qualified central depository even though, when so deposited, such securities may be merged and held in bulk in the name of the nominee of such depository with other securities deposited therein by another person, or to deposit or arrange for the deposit of any securities issued by the United States Government, or any agency or instrumentality thereof, with a Federal Reserve bank, but the books and records of the Trustee shall at all times show that all such securities are part of the Fund;
- (d) To deposit any cash in the Fund in interest-bearing accounts maintained or savings certificates issued by the Trustee, in its separate corporate capacity, or in any other banking institution affiliated with the Trustee, to the extent insured by an agency of the Federal or State government; and

POLLUTION CONTROL BOARD

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

NOTICE OF PROPOSED RULES

- (e) To compromise or otherwise adjust all claims in favor of or against the Fund.

Section 9. Taxes and Expenses. All taxes of any kind that may be assessed or levied against or in respect of the Fund and all brokerage commissions incurred by the Fund shall be paid from the Fund. All other expenses incurred by the Trustee in connection with the administration of this Trust, including fees for legal services rendered to the Trustee, the compensation of the Trustee to the extent not paid directly by the Grantor, and all other proper charges and disbursements of the Trustee shall be paid from the Fund.

Section 10. Annual Valuation. The Trustee shall annually, at least 30 days prior to the anniversary date of establishment of the Fund, furnish to the Grantor and to the IEPA Director a statement confirming the value of the Trust. Any securities in the Fund shall be valued at market value as of no more than 60 days prior to the anniversary date of establishment of the Fund. The failure of the Grantor to object in writing to the Trustee within 90 days after the statement has been furnished to the Grantor and the IEPA Director shall constitute a conclusively binding assent by the Grantor, barring the Grantor from asserting any claim or liability against the Trustee with respect to matters disclosed in the statement.

Section 11. Advice of Counsel. The Trustee may from time to time consult with counsel, who may be counsel to the Grantor, with respect to any question arising as to the construction of this Agreement or any action to be taken hereunder. The Trustee shall be fully protected, to the extent permitted by law, in acting upon the advice of counsel.

Section 12. Trustee Compensation. The Trustee shall be entitled to reasonable compensation for its services as agreed upon in writing from time to time with the Grantor.

Section 13. Successor Trustee. The Trustee may resign or the Grantor may replace the Trustee, but such resignation or replacement shall not be effective until the Grantor has appointed a successor trustee and this successor accepts the appointment. The successor trustee shall have the same powers and duties as those conferred upon the Trustee hereunder. Upon the successor trustee's acceptance of the appointment, the Trustee shall assign, transfer, and pay over to the successor trustee the funds and properties then constituting the Fund. If for any reason the Grantor cannot or does not act in the event of the resignation of the Trustee, the Trustee may apply to a court of competent jurisdiction for the appointment of a successor trustee or for instructions. The successor trustee shall specify the date on which it assumes administration of the trust in a writing sent to the Grantor, the IEPA Director, and the present Trustee by certified mail 10 days before such change becomes effective. Any expenses incurred by the Trustee as a result of any of

the acts of contemplated by this Section shall be paid as provided in Section 9.

Section 14. Instructions to the Trustee. All orders, requests, and instructions by the Grantor to the Trustee shall be in writing, signed by such persons as are designated in the attached Exhibit A or such other designees as the Grantor may designate by amendment to Exhibit A. The Trustee shall be fully protected in acting without inquiry in accordance with the Grantor's orders, requests, and instructions. All orders, requests, and instructions by the IEPA Director to the Trustee shall be in writing, signed by the IEPA Director or his designees, and the Trustee shall act and shall be fully protected in acting in accordance with such orders, requests, and instructions. The Trustee shall have the right to assume, in the absence of written notice to the contrary, that no event constituting a change or a termination of the authority of any person to act on behalf of the Grantor or IEPA hereunder has occurred. The Trustee shall have no duty to act in the absence of such orders, requests, and instructions from the Grantor and/or IEPA, except as provided for herein.

Section 15. Notice of Nonpayment. The Trustee shall notify the Grantor and the IEPA Director, by certified mail within 10 days following the expiration of the 30-day period after the anniversary of the establishment of the Trust, if no payment is received from the Grantor during that period. After the pay-in period is completed, the Trustee shall not be required to send a notice of nonpayment.

Section 16. Amendment of Agreement. This Agreement may be amended by an instrument in writing executed by the Grantor, the Trustee, and the IEPA Director, or by the Trustee and the IEPA Director if the Grantor ceases to exist.

Section 17. Irrevocability and Termination. Subject to the right of the parties to amend this Agreement as provided in Section 16, this Trust shall be irrevocable and shall continue until terminated at the written agreement of the Grantor, the Trustee, and the IEPA Director, or by the Trustee and the IEPA Director, if the Grantor ceases to exist. Upon termination of the Trust, all remaining trust property, less final trust administration expenses, shall be delivered to the Grantor.

Section 18. Immunity and Indemnification. The Trustee shall not incur personal liability of any nature in connection with any act or omission, made in good faith, in the administration of this Trust, or in carrying out any directions by the Grantor or the IEPA Director issued in accordance with this Agreement. The Trustee shall be indemnified and saved harmless by the Grantor or from the Trust Fund, or both, from and against any personal liability to which the Trustee may be subjected by reason of any act or conduct in its official capacity, including all expenses reasonably incurred in its defense in the event the Grantor fails to provide such defense.

POLLUTION CONTROL BOARD
NOTICE OF PROPOSED RULES

Section 19. Choice of Law. This Agreement shall be administered, construed, and enforced according to the laws of the State of Illinois.

Section 20. Interpretation. As used in this Agreement, words in the singular include the plural and words in the plural include the singular. The descriptive headings for each Section of this Agreement shall not affect the interpretation or the legal efficacy of this Agreement.

In Witness Whereof the parties have caused this Agreement to be executed by their respective officers duly authorized and their corporate seals to be hereunto affixed and attested as of the date first above written.

Attest Signature of Grantor Attest Signature of Trustee

Typed Name Typed Name

Title Title

Seal Seal

POLLUTION CONTROL BOARD
NOTICE OF PROPOSED RULES

Section 848. APPENDIX A, ILLUSTRATION B "CERTIFICATION OF ACKNOWLEDGEMENT"

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ of _____ by _____ a _____

_____ on behalf of the corporation.

Signature of Notary Public

Seal

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

Section 848 APPENDIX A, ILLUSTRATION C "IRREVOCABLE STANDBY LETTER OF CREDIT"

Director
Illinois Environmental Protection Agency
2200 Churchill Road
Springfield, Illinois 62794

Dear Sir or Madam:

We hereby establish our Irrevocable Standby Letter of Credit No. _____
in your favor, at the request and for the account of _____ U.S.
dollars (\$ _____), available upon presentation of _____

(1) your sight draft, bearing reference to this letter of credit No. _____
and _____

(2) your signed statement reading as follows: "I certify that the amount of
the draft is payable pursuant to regulations issued under authority of
the Environmental Protection Act, Ill. Rev. Stat., ch. 111 1/2, par.
1001 et seq., as amended."

This letter of credit is effective as of _____ but such expiration date
and shall expire on _____ and on each successive expiration date, unless,
shall be automatically extended for a period of _____ on
at least 120 days before the current expiration date, we notify both you and _____
by certified mail that we have decided not to
extend this letter of credit beyond the current expiration date. In the event
you are so notified, any unused portion of the credit shall be available upon
presentation of your sight draft for 120 days after the date of receipt by
both you and _____ as shown on the signed return
receipts.

Whenever this letter of credit is drawn on under and in compliance with the
terms of this credit, we shall duly honor such draft upon presentation to us,
and we shall deposit the amount of the draft directly into the standby trust
fund of _____ in accordance with your instructions.

Signature

Signature

Typed Name

Typed Name

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

Title

Title

Date

Date

Name and address of issuing institution.

This credit is subject to _____

POLLUTION CONTROL BOARD
NOTICE OF PROPOSED RULES

Section 848. APPENDIX A, ILLUSTRATION D "LETTER FROM CHIEF FINANCIAL OFFICER"

Director
Illinois Environmental Protection Agency
2200 Churchill Road
Springfield, Illinois 62794

Dear Sir or Madam:

I am the chief financial officer of _____.

This letter is in support of this firm's use of the financial test to demonstrate financial assurance, as specified in Subpart D of 35 Illinois Administrative Code Part 848.

1. This firm is the owner or operator of the following sites for which financial assurance for removal of used and waste tires is demonstrated through the financial test specified in Subpart D of 35 Ill. Adm. Code Part 848. The current removal cost estimates covered by the test are shown for each facility: (LIST ALL THE ILLINOIS FACILITIES USING THE FINANCIAL TEST)

IEPA I.D. NO. _____
Amount _____ Removal

Name _____
Address _____
City _____

IEPA I.D. NO. _____
Name _____
Address _____
City _____

Please attach a separate page if more space is needed for all facilities.

NOTICE OF PROPOSED RULES

2. This firm guarantees, through the corporate guarantee specified in Subpart D of 35 Ill. Adm. Code Part 848, the removal of all used and waste tires at the following sites owned or operated by subsidiaries of this firm. The current removal cost estimates so guaranteed are shown for each site: (LIST ALL THE ILLINOIS FACILITIES USING THE CORPORATE GUARANTEE)

IEPA I.D. NO. _____
Amount _____ Removal

Name _____
Address _____
City _____

IEPA I.D. NO. _____
Name _____
Address _____
City _____

Please attach a separate page if more space is needed for all facilities.

3. This firm is the owner or operator of the following tire storage sites and tire disposal sites for which financial assurance for removal of used and waste tires, is NOT demonstrated to IEPA, through the financial test or any other financial assurance mechanism specified in Subpart D of 35 Ill. Adm. Code Part 848. The current removal cost estimates not covered by such financial assurance are shown for each facility: (LIST FACILITIES WHERE THERE IS NO FINANCIAL ASSURANCE REQUIREMENT)

IEPA I.D. NO. _____
Amount _____ Removal

Name _____
Address _____

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

City _____

EPA I.D. No. _____

Name _____

Address _____

City _____

Please attach a separate page if more space is needed for all facilities.

This firm _____ to file a Form 10K with the Securities and Exchange Commission (SEC) for the latest fiscal year.

The fiscal year of this firm ends on _____. The figures for the following items marked with an asterisk are derived from this firm's independently audited, year-end financial statements for the latest completed fiscal year, ended _____.

Alternative I

1. Sum of current removal cost estimates (total of all cost estimates shown in the three paragraphs above)

\$ _____

- *2. Total liabilities (if any portion of the removal cost estimates is included in total liabilities you may deduct the amount of that portion from this line and add that amount to lines 3 and 4)

\$ _____

- *3. Tangible net worth

\$ _____

- *4. Net worth

\$ _____

- *5. Current assets

\$ _____

- *6. Current liabilities

\$ _____

Alternative II

1. Sum of current removal cost estimates (total of all cost estimates shown in the three paragraphs above)

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

7. Net working capital (line 5 minus line 6)

\$ _____

- *8. The sum of net income plus depreciation, depletion, and amortization

\$ _____

- *9. Total assets in U.S. (required only if less than 90% of firm's assets are located in the U.S.)

\$ _____

10. Is line 3 at least \$10 million?

Is line 3 at least 6 times line 1? _____

Is line 7 at least 6 times line 1? _____

Is line 3 at least 6 times line 1? _____

Is line 7 at least 6 times line 1? _____

Is line 3 at least 6 times line 1? _____

Is line 7 at least 6 times line 1? _____

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Is line 7 at least 6 times line 1? _____

Is line 3 at least 6 times line 1? _____

Is line 7 at least 6 times line 1? _____

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

\$ _____

2. Current bond rating of most recent issuance of this firm and name of rating service
\$ _____

3. Date of issuance of bond
\$ _____

4. Date of maturity of bond
\$ _____

- *5. Tangible net worth (if any portion of the removal cost estimates is included in "total liabilities" on your firm's financial statements, you may add the amount of that portion to this line)
\$ _____

- *6. Total assets in U.S. (required only if less than 90% of firm's assets are located in the U.S.)
\$ _____

Yes No

7. Is line 5 at least \$10 million? _____

8. Is line 5 at least 6 times line 1? _____

- *9. Are at least 90% of firm's assets located in the U.S.? _____

If not, complete line 10.

10. Is line 6 at least 6 times line 1? _____

Signature _____

Typed name _____

Title _____

Date _____

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

Section 848. APPENDIX A, ILLUSTRATION E "CORPORATE GUARANTEE FOR REMOVAL OF USED AND WASTE TIRES"

Guarantee made this _____ by _____
_____, a business corporation organized under the laws of the State of _____,
herein referred to as guarantor, to the Illinois
Environmental Protection Agency (IEPA), obligee, on behalf of our
subsidiary _____ of _____.

Recitals

1. Guarantor meets or exceeds the financial test criteria and agrees to comply with the reporting requirements for guarantors as specified in Subpart D of 35 Illinois Administrative Code 848.

2. _____ owns or operates the following
tire storage sites and tire disposal sites covered by this
guarantee:

IEPA I.D. No. _____

Amount _____

Removal

Name _____

Address _____

City _____

IEPA I.D. No. _____

Name _____

Address _____

City _____

Please attach a separate page if more space is needed for all sites.

3. "Tire Removal Agreement" as used below refers to the agreement maintained as required by Subpart E of 35 Illinois Administrative Code Part 848 for the removal of used and waste tires at sites as identified above.

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

4. For value received from _____, guarantor guarantees to IEPA that in the event that _____ fails to perform _____, of the above site(s) in accordance with the tire removal agreements and other requirements whenever required to do so, the guarantor shall do so or establish a trust fund as specified in Subpart D of 35 Illinois Administrative Code Part 848, as applicable, in the name of _____ in the amount of the current tire removal cost estimates as specified in Subpart D of 35 Illinois Administrative Code Part 848.
5. Guarantor agrees that if, at the end of any fiscal year before termination of this guarantee, the guarantor fails to meet the financial test criteria, guarantor shall send within 90 days, by certified mail, notice to the IEPA Director and to _____ that he intends to provide alternate financial assurance as specified in Subpart D of 35 Illinois Administrative Code Part 848, as applicable, in the name of _____. Within 120 days after the end of such fiscal year, the guarantor shall establish such financial assurance unless _____ has done so.
6. The guarantor agrees to notify the IEPA Director by certified mail, of a voluntary or involuntary proceeding under title 11 (Bankruptcy), U.S. Code, naming guarantor as debtor, within 10 days after commencement of the proceeding.
7. Guarantor agrees that within 30 days after being notified by the IEPA Director of a determination that guarantor no longer meets the financial test criteria or that he is disallowed from continuing as a guarantor, he shall establish alternate financial assurance as specified in Subpart D of 35 Illinois Administrative Code Part 848, as applicable, in the name of _____ unless _____ has done so.
8. Guarantor agrees to remain bound under this guarantee notwithstanding any or all of the following: amendment or modification of the tire removal agreement, the extension or reduction of the time of performance of tire removal, or any other modification or alteration of an obligation of the owner or operator pursuant to 35 Illinois Administrative Code Part 848.
9. Guarantor agrees to remain bound under this guarantee for so long as _____ must comply with the applicable financial assurance requirements of Subpart D of 35 Illinois Administrative Code Part 848 for the above listed facilities, except that guarantor may cancel this guarantee by sending notice by certified mail to the IEPA Director, such cancellation to become effective no earlier than

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED RULES

- 120 days after receipt of such notice by both IEPA and _____ as evidenced by the return receipts.
10. Guarantor agrees that if _____ fails to provide alternate financial assurance as specified in Subpart D of 35 Illinois Administrative Code Part 848, as applicable, and obtain written approval of such assurance from the IEPA Director within 90 days after a notice of cancellation by the guarantor is received by the IEPA Director from guarantor, guarantor shall provide such alternative financial assurance in the name of _____.
11. Guarantor expressly waives notice of acceptance of this guarantee by the IEPA Director or by _____ Guarantor also expressly waives notice of amendments or modifications of the tire removal agreement and amendments or modifications of any applicable site permits.

Effective date: _____

Name of guarantor _____

Authorized signature for guarantor _____

Typed Name _____

Title _____

Signature of witness or notary: _____

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

1) The Heading of the Part: AID TO THE AGED, BLIND OR DISABLED

2) Code Citation: 89 Ill. Adm. Code 113

3) Section Number: Proposed Action:

113.261

New Section

4) Statutory Authority: Sections 3-1.2, 3-5 and 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1987, Ch. 23, Pars. 3-1.2, 3-5 and 12-13)

5) A Complete Description of the Subjects and Issues Involved: This rulemaking authorizes a grant for up to six months to maintain a residents in the community when certain criteria is met. Interested persons should also see the Proposed Amendment to 89 Ill. Adm. Code 120.61 which appears in this issue of the Illinois Register.

6) Will this Proposed Amendment replace an Emergency Amendment currently in effect? No

7) Does this rulemaking contain an automatic repeal date?
 Yes ☐ No ☒

8) Does this Proposed Amendment contain incorporations by reference? No

9) Are there any other Proposed Amendments pending on this Part? Yes

Section Number Proposed Action Illinois Register Citation

113.9 Amendment February 23, 1990
(14 Ill. Reg. 2811)

10) Statement of Statewide Policy Objectives: This rulemaking has no effect on local governmental units.

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning the proposed rulemaking. All comments must be in writing and should be addressed to Anita Williams, Staff Attorney, Office of the General Counsel, Illinois Department of Public Aid, Jesse B. Harris Building II, 100 South Grand Avenue East, 3rd Floor, Springfield, Illinois

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

62762 (21) 782-1233). The Department will consider all written comments it receives within 30 days of the date of publication of this notice.

12) Initial Regulatory Flexibility Analysis:

A) Date Proposed Amendment was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: May 9, 1990

B) Types of small businesses affected: Nursing Homes

C) Reporting, bookkeeping or other procedures required for compliance: No additional reporting, bookkeeping or other procedures required.

D) Types of professional skills necessary for compliance: No additional or unique professional skills required.

The full text of the Proposed Amendment begins on the next page:

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER B: ASSISTANCE PROGRAMS

PART 113

AID TO THE AGED, BLIND OR DISABLED

SUBPART A: GENERAL PROVISIONS

Description of the Assistance Program
Incorporation By Reference

Section

113.1
113.5

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

Section

113.9 Client Cooperation
113.10 Citizenship
113.20 Residence
113.30 Age
113.40 Blind
113.50 Disabled
113.60 Living Arrangement
113.70 Institutional Status
113.80 Social Security Number

SUBPART C: FINANCIAL FACTORS OF ELIGIBILITY

Section

113.100 Unearned Income
113.101 Budgeting Unearned Income
113.102 Income On Date of Application And/Or Date of Decision
113.103 Initial Receipt of Unearned Income
113.104 Termination of Unearned Income
113.105 Unearned Income In-Kind
113.106 Farmmarked Income
113.107 Lump Sum Payments and Income Tax Refunds
113.108 Protected Income
113.109 Earned Income
113.110 Budgeting Earned Income
113.111 Protected Income
113.112 Earned Income
113.113 Budgeting Earned Income
113.114 Income On Date of Application And/Or Date of Decision
113.115 Initial Employment
113.116 Budgeting Earned Income For Contractual Employees

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

Budgeting Earned Income For Non-contractual School Employees

Section
113.117

Termination of Employment

113.118

Exempt Earned Income

113.120

Recognized Employment Expenses

113.125

Income From Work/Study/Training Programs

113.130

Earned Income From Self-Employment

113.131

Earned Income From Roomer and Boarder

113.132

Earned Income From Rental Property

113.133

Earned Income In-Kind

113.134

Payments from the Illinois Department of Children and Family Services

113.139

Assets

113.140

Exempt Assets

113.141

Asset Disregard

113.142

Deferral of Consideration of Assets

113.143

Property Transfers For Applications Filed Prior To October 1, 1989

113.154

Property Transfers For Applications Filed On Or After October 1, 1989

113.155

Court Ordered Child Support Payments of Parent/Step-Parent

113.156

Sponsors of Aliens

113.157

Assignment of Medical Support Rights

113.160

SUBPART D: PAYMENT AMOUNTS

Section

113.245 Payment Levels for AABD

113.246

Personal Allowance

113.247

Personal Allowance Amounts

113.248

Shelter

113.249

Utilities and Heating Fuel

113.250

Laundry

113.251

Telephone

113.252

Transportation, Lunches, Special Fees

113.253

Allowances for Increase in SSI Benefits

113.254

Nursing Care or Personal Care in Home Not Subject to Licensing

113.255

Sheltered Care in a Licensed Group Care Facility

113.256

Shopping Allowance

113.257

Special Allowances for Blind and Partially Sighted (Blind Only)

113.258

Home Delivered Meals

113.259

AABD Fuel and Utility Allowances By Area

113.260

Sheltered Care Rates

DEPARTMENT OF PUBLIC AID

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

NOTICE OF PROPOSED AMENDMENT

Section
113.261

Cases in Licensed Intermediate Care Facilities,
Licensed Skilled Nursing Facilities, DMHDD
Facilities and Other Medical Facilities

SUBPART E: OTHER PROVISIONS

Section

113.300 Persons Who May Be Included In the Assistance Unit
113.301 Grandfathered Cases
113.302 Interim Assistance
113.303 Special Needs Authorizations
113.304 Retrospective Budgeting
113.305 Budgeting Schedule
113.306 Purchase and Repair of Household Furniture
113.307 Property Repairs and Maintenance
113.308 Excess Shelter Allowance
113.320 Redetermination of Eligibility
113.500 Attorney's Fees for SSI Appellants

AUTHORITY: Implementing Article III and authorized by Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1987, ch. 23, pars. 3-1 et seq. and 12-13).

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979, peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective

September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041 effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982, amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; rules repealed, new rules adopted and codified at 7 Ill. Reg. 907, effective January 10, 1983; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 9367, effective August 1, 1983; amended at 7 Ill. Reg. 17351, effective December 21, 1983; amended at 8 Ill. Reg. 537, effective December 30, 1983; amended at 8 Ill. Reg. 5225, effective April 9, 1984; amended at 8 Ill. Reg. 6746, effective April 27, 1984; amended at 8 Ill. Reg. 11414, effective June 27, 1984; amended at 8 Ill. Reg. 13273, effective July 16, 1984; amended (by sections being codified with no substantive

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

change) at 8 Ill. Reg. 17895; amended at 8 Ill. Reg. 18896, effective September 26, 1984; amended at 9 Ill. Reg. 5335, effective April 5, 1985; amended at 9 Ill. Reg. 8166, effective May 17, 1985; amended at 9 Ill. Reg. 8657, effective May 25, 1985; amended at 9 Ill. Reg. 11302, effective July 5, 1985; amended at 9 Ill. Reg. 11636, effective July 8, 1985; amended at 9 Ill. Reg. 11991, effective July 12, 1985; amended at 9 Ill. Reg. 12806, effective August 9, 1985; amended at 9 Ill. Reg. 15896, effective October 4, 1985; amended at 9 Ill. Reg. 18291, effective October 10, 1985; emergency amendment at 10 Ill. Reg. 364, effective January 1, 1986; amended at 10 Ill. Reg. 1183, effective January 10, 1986; amended at 10 Ill. Reg. 6956, effective April 16, 1986; amended at 10 Ill. Reg. 8794, effective May 12, 1986; amended at 10 Ill. Reg. 10628, effective June 3, 1986; amended at 10 Ill. Reg. 11920, effective July 3, 1986; amended at 10 Ill. Reg. 15110, effective September 5, 1986; amended at 10 Ill. Reg. 15631, effective September 19, 1986; amended at 11 Ill. Reg. 3150, effective February 6, 1987; amended at 11 Ill. Reg. 8712, effective April 20, 1987; amended at 11 Ill. Reg. 9919, effective May 15, 1987; emergency amendment at 11 Ill. Reg. 12441, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20880, effective December 14, 1987; amended at 12 Ill. Reg. 867, effective January 1, 1988; amended at 12 Ill. Reg. 2137, effective January 11, 1988; amended at 12 Ill. Reg. 3497, effective January 22, 1988; amended at 12 Ill. Reg. 5642, effective March 15, 1988; amended at 12 Ill. Reg. 6151, effective March 22, 1988; amended at 12 Ill. Reg. 7687, effective April 22, 1988; amended at 12 Ill. Reg. 8662, effective May 13, 1988; amended at 12 Ill. Reg. 9023, effective May 20, 1988; amended at 12 Ill. Reg. 6996, effective May 24, 1988; emergency amendment at 12 Ill. Reg. 11828, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 14162, effective August 30, 1988; amended at 12 Ill. Reg. 17849, effective October 25, 1988; amended at 13 Ill. Reg. 63, effective January 1, 1989; emergency amendment at 13 Ill. Reg. 3402, effective March 3, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 6007, effective April 14, 1989; amended at 13 Ill. Reg. 12553, effective July 12, 1989; amended at 13 Ill. Reg. 13609, effective August 11, 1989; emergency amendment at 13 Ill. Reg. 14467, effective September 1, 1989, for a maximum of 150 days; emergency amendment at 13 Ill. Reg. 16154, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 14 Ill. Reg. 720, effective January 1, 1990; amended at 14 Ill. Reg. 6321, effective April 16, 1990; amended at 14 Ill. Reg. _____, effective _____.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE.

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

SUBPART D: PAYMENT AMOUNT

Section 113.261 Cases in Licensed Intermediate Care Facilities, Licensed Skilled Nursing Facilities, DMHDD Facilities and Other Medical Facilities

a) A grant is allowed for up to six months to maintain a residence in the community when:

- 1) the individual does not have a spouse and/or dependent children in the home; and
- 2) a physician has certified that the stay in the facility is temporary and the individual is expected to return home within six months.

b) To determine the amount of the grant include:

- 1) \$30.00 for personal allowance (see Section 113.247);
- 2) rent or property expense that would be allowed in the AABD MAG standard if the individual was at home (see Section 113.248);
- 3) utility expenses that would be allowed in the AABD MAG standard if the individual was at home (see Section 113.249); and
- 4) the "grant adjustment" allowance (see Section 113.253).

(Source: Added at 14 Ill. Reg. _____, effective _____)

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

1) The Heading of the Part: MEDICAL ASSISTANCE PROGRAMS

2) Code Citation: 89 Ill. Adm. Code 120

3) Section Number: Proposed Action:

120.61 Amendment

4) Statutory Authority: Section 5-2, 5-4 and 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1987, Ch. 23, Pars. 5-2, 5-4 and 12-13)

5) A Complete Description of the Subjects and Issues Involved: This rulemaking authorizes a deduction from the income of individuals receiving assistance under the Medical Assistance - No Grant Program for up to six months to maintain a residence in the community when certain criteria is met. Interested persons should also see the Proposed Amendment to 89 Ill. Adm. Code 113.261 which appears in this issue of the Illinois Register.

6) Will this Proposed Amendment replace an Emergency Amendment currently in effect? No

7) Does this rulemaking contain an automatic repeal date?

Yes No8) Does this Proposed Amendment contain incorporations by reference? No9) Are there any other Proposed Amendments pending on this Part? Yes

Section Numbers	Proposed Action	Illinois Register Citation
120.11	Amendment	April 20, 1990 (14 Ill. Reg. 5724)
120.31	Amendment	April 20, 1990 (14 Ill. Reg. 5724)
120.60	Amendment	April 20, 1990 (14 Ill. Reg. 5724)
120.64	Amendment	April 20, 1990 (14 Ill. Reg. 5724)

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

Section Numbers	Proposed Action	Illinois Register Citation
120.208	Amendment	February 23, 1990 (14 Ill. Reg. 2831)
120.235	Amendment	March 16, 1990 (14 Ill. Reg. 4081)
120.281	Amendment	March 16, 1990 (14 Ill. Reg. 4081)
120.308	Amendment	February 23, 1990 (14 Ill. Reg. 2831)
120.370	Amendment	April 27, 1990 (14 Ill. Reg. 5954)
120.390	Amendment	April 20, 1990 (14 Ill. Reg. 5724)
120.391	Amendment	April 20, 1990 (14 Ill. Reg. 5724)

10) Statement of Statewide Policy Objectives: This rulemaking has no effect on local governmental units.

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning the proposed rulemaking. All comments must be in writing and should be addressed to Anita Williams, Staff Attorney, Office of the General Counsel, Illinois Department of Public Aid, Jesse B. Harris Building II, 100 South Grand Avenue East, 3rd Floor, Springfield, Illinois 62762, (217) 782-1233. The Department will consider all written comments it receives within 30 days of the date of publication of this notice.

12) Initial Regulatory Flexibility Analysis:

A) Date Proposed Amendment was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: May 9, 1990

B) Types of small businesses affected: Nursing Homes

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

- C) Reporting, bookkeeping or other procedures required for compliance: No additional reporting, bookkeeping or other procedures required.
- D) Types of professional skills necessary for compliance: No additional or unique professional skills required.

The full text of the Proposed Amendment begins on the next page:

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 120

MEDICAL ASSISTANCE PROGRAMS

SUBPART A: GENERAL PROVISIONS

Section
120.1

Incorporation By Reference

SUBPART B: ASSISTANCE STANDARDS

Section
120.10
120.11

Eligibility For Medical Assistance
Eligibility For Medical Assistance For Pregnant Women and Children Under Age Six Who Do Not Qualify As Mandatory Categorically Needy
MANG(AABD) Income Standard
MANG(C) Income Standard
MANG(P) Income Standard
Exceptions To Use Of MANG Income Standard
AMI Income Standard

120.20
120.30
120.31
120.40
120.50

SUBPART C: FINANCIAL ELIGIBILITY DETERMINATION

Section
120.60

All Cases Other Than Intermediate Care, Skilled Nursing Care, DMHDD, DMHDD Approved Community Based Settings and Pregnant Women and Children Under Age Six Who Do Not Qualify As Mandatory Categorically Needy

120.61 Cases in Intermediate Care, Skilled Nursing Care and DMHDD - MANG (AABD)
120.62 Department of Mental Health and Developmental Disabilities (DMHDD) Approved Home and Community Based Residential Settings Under 89 Ill. Adm. Code 140.643

120.63

Department of Mental Health and Developmental Disabilities (DMHDD) Approved Home and Community Based Residential Settings
Pregnant Women and Children Under Age Six Years Who Do Not Qualify As Mandatory Categorically Needy

120.64

SUBPART D: SUPPLEMENTARY MEDICAL INSURANCE

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

Section
120.70 Supplementary Medical Insurance Benefits, Buy-In Program
120.72 Eligibility for Medicare Cost Sharing as a Qualified Medicare Beneficiary (QMB)
120.74 Qualified Medicare Beneficiary (QMB) Income Standard
120.76 Hospital Insurance Benefits (HIB)

SUBPART E: RECIPIENT RESTRICTION PROGRAM

Section
120.80 Recipient Restriction Program

SUBPART F: MIGRANT MEDICAL PROGRAM

Section
120.90 Migrant Medical Program
120.91 Income Standards

SUBPART G: AID TO THE MEDICALLY INDIGENT

Section
120.208 Client Cooperation
120.210 Citizenship
120.211 Residence
120.212 Age
120.215 Relationship
120.216 Living Arrangement
120.217 Supplemental Payments
120.218 Institutional Status
120.224 Foster Care Program
120.225 Social Security Numbers
120.230 Unearned Income
120.235 Exempt Unearned Income
120.236 Education Benefits
120.240 Unearned Income In-Kind
120.245 Earmarked Income
120.250 Lump Sum Payments and Income Tax Refunds
120.255 Protected Income
120.260 Earned Income
120.261 Budgeting Earned Income
120.262 Exempt Earned Income
120.270 Recognized Employment Expenses
120.271 Income From Work/Study/Training Program
120.272 Earned Income From Self-Employment
120.273 Earned Income From Roomer and Boarder
120.275 Earned Income In-Kind

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

Section
120.276 Payments from the Illinois Department of Children and Family Services
Assets
120.280 Exempt Assets
120.281 Asset Disregards
120.282 Deferral of Consideration of Assets
120.283 Spend-down of Assets (AMI)
120.284 Property Transfers
120.285 Persons Who May Be Included in the Assistance Unit
120.290 Payment Levels for AMI
120.295

SUBPART H: MEDICAL ASSISTANCE - NO GRANT

Section
120.308 Client Cooperation
120.309 Caretaker Relative
120.310 Citizenship
120.311 Residence
120.312 Age
120.313 Blind
120.314 Disabled
120.315 Relationship
120.316 Living Arrangements
120.317 Supplemental Payments
120.318 Institutional Status
120.319 Assignment of Rights to Medical Support and Collection of Payment
120.320 Cooperation in Establishing Paternity and Obtaining Medical Support
120.321 Good Cause for Failure to Cooperate in Establishing Paternity and Obtaining Medical Support
120.322 Proof of Good Cause for Failure to Cooperate in Establishing Paternity and Obtaining Medical Support
120.323 Suspension of Paternity Establishment and Obtaining Medical Support Upon Finding Good Cause
120.324 Foster Care Program
120.325 Social Security Numbers
120.330 Unearned Income
120.332 Budgeting Unearned Income
120.335 Exempt Unearned Income
120.336 Education Benefits
120.338 Incentive Allowance
120.340 Unearned Income In-Kind
120.342 Court Ordered Child Support Payments of Parent/Step-parent
120.345 Earmarked Income
120.346 Medicaid Qualifying Trusts

DEPARTMENT OF PUBLIC AID

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

NOTICE OF PROPOSED AMENDMENT

Section
 120.350 Lump Sum Payments and Income Tax Refunds
 120.355 Protected Income
 120.360 Earned Income
 120.361 Budgeting Earned Income
 120.362 Exempt Earned Income
 120.364 Earned Income Exemption
 120.366 Exclusion From Earned Income Exemption
 120.370 Recognized Employment Expenses
 120.371 Income From Work/Study/Training Programs
 120.372 Earned Income From Self-Employment
 120.373 Earned Income From Roomer and Boarder
 120.375 Earned Income In Kind
 120.376 Payments from the Illinois Department of Children and Family Services
 120.379 Assessment of Assets
 120.380 Assets
 120.381 Exempt Assets
 120.382 Asset Disregard
 120.383 Deferral of Consideration of Assets
 120.384 Spend-down of Assets (MANG)
 120.385 Property Transfers for Applications Filed Prior to October 1, 1989
 120.386 Property Transfers Effective for Applications Filed on or After October 1, 1989
 120.390 Persons Who May Be Included in the Assistance Unit
 120.391 Individuals Under Age 18 Who Do Not Qualify For AFDC/AFDC-MANG and Children Under Age Six
 120.392 Pregnant Women Who Would Not Be Eligible For AFDC/AFDC-MANG If The Child Were Already Born Or Who Do Not Qualify As Mandatory Categorically Needy
 120.393 Pregnant Women and Children Under Age Eight Years Who Do Not Qualify As Mandatory Categorically Needy Demonstration Project.
 120.395 Payment Levels for MANG
 120.399 Redetermination of Eligibility

AUTHORITY: Implementing Articles III, IV, V, VI and VII and authorized by Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1987, Ch. 23, Pars. 3-1 et seq., 4-1 et seq., 5-1 et seq., 6-1 et seq., 7-1 et seq. and 12-13).

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978;

peremptory amendment at 2 Ill. Reg. 46, p. 56, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amended at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979, peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041 effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982, amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20,

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective November 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; amended at 7 Ill. Reg. 394, effective January 1, 1983; codified at 7 Ill. Reg. 6082; amended at 7 Ill. Reg. 8256, effective July 1, 1983; amended at 7 Ill. Reg. 8264, effective July 5, 1983; amended (by adding section being codified with no substantive change) at 7 Ill. Reg. 14747; amended (by adding sections being codified with no substantive change) at 7 Ill. Reg. 16108; amended at 8 Ill. Reg. 5253, effective April 9, 1984; amended at 8 Ill. Reg. 6770, effective April 27, 1984; amended at 8 Ill. Reg. 13328, effective July 16, 1984; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17897; amended at 8 Ill. Reg. 18903, effective September 26, 1984; peremptory amendment at 8 Ill. Reg. 20706, effective October 3, 1984; amended at 8 Ill. Reg. 25053, effective December 12, 1984; emergency amendment at 9 Ill. Reg. 830, effective January 3, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 4515, effective March 25, 1985; amended at 9 Ill. Reg. 5346, effective April 11, 1985; amended at 9 Ill. Reg. 7153, effective May 6, 1985; amended at 9 Ill. Reg. 11346, effective July 8, 1985; amended at 9 Ill. Reg. 12298, effective July 25, 1985; amended at 9 Ill. Reg. 12823, effective August 9, 1985; amended at 9 Ill. Reg. 15903, effective October 4, 1985; amended at 9 Ill. Reg. 16300, effective October 10, 1985; amended at 9 Ill. Reg. 16906, effective October 18, 1985; amended at 10 Ill. Reg. 1192, effective January 10, 1986; amended at 10 Ill. Reg. 3033, effective January 23, 1986; amended at 10 Ill. Reg. 4907, effective March 7, 1986; amended at 10 Ill. Reg. 6966, effective April 16, 1986; amended at 10 Ill. Reg. 10688, effective June 3, 1986; amended at 10 Ill. Reg. 12672, effective July 14, 1986; amended at 10 Ill. Reg. 15649, effective September 19, 1986; amended at 11 Ill. Reg. 3992, effective February 23, 1987; amended at 11 Ill. Reg. 7652, effective April 15, 1987; amended at 11 Ill. Reg. 8735, effective April 20, 1987; emergency amendment at 11 Ill. Reg. 12458, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 14034, effective August 14, 1987; amended at 11 Ill. Reg. 14763, effective August 26, 1987; amended at 11 Ill. Reg. 20142, effective January 1, 1988; amended at 11 Ill. Reg. 20898, effective December 14, 1987;

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

amended at 12 Ill. Reg. 904, effective January 1, 1988; amended at 12 Ill. Reg. 3516, effective January 22, 1988; amended at 12 Ill. Reg. 6234, effective March 22, 1988; amended at 12 Ill. Reg. 8672, effective May 13, 1988; amended at 12 Ill. Reg. 9132, effective May 20, 1988; amended at 12 Ill. Reg. 11483, effective June 30, 1988; emergency amendment at 12 Ill. Reg. 11632, effective July 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 11839, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12835, effective July 22, 1988; emergency amendment at 12 Ill. Reg. 13243, effective July 29, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 17867, effective October 30, 1988; amended at 12 Ill. Reg. 19704, effective November 15, 1988; amended at 12 Ill. Reg. 20188, effective November 23, 1988; amended at 13 Ill. Reg. 116, effective January 1, 1989; amended at 13 Ill. Reg. 2081, effective February 3, 1989; amended at 13 Ill. Reg. 3908, effective March 10, 1989; emergency amendment at 13 Ill. Reg. 11929, effective June 27, 1989, for a maximum of 150 days; emergency expired November 25, 1989; emergency amendment at 13 Ill. Reg. 12137, effective July 1, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 15404, effective October 6, 1989; emergency amendment at 13 Ill. Reg. 16586, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 13 Ill. Reg. 17483, effective October 31, 1989; amended at 13 Ill. Reg. 17838, effective November 8, 1989; amended at 13 Ill. Reg. 18872, effective November 17, 1989; amended at 14 Ill. Reg. 760, effective January 1, 1990; emergency amendment at 14 Ill. Reg. 1494, effective January 2, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 4233, effective March 5, 1990; emergency amendment at 14 Ill. Reg. 5839, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 6372, effective April 16, 1990; amended at 14 Ill. Reg. , effective .

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE

SUBPART C: FINANCIAL ELIGIBILITY DETERMINATION

Section 120.61 Cases in Intermediate Care, Skilled Nursing Care and DMHDD - MANG (AABD)

- a) The following rule applies to cases receiving care in Licensed Intermediate Care Facilities, Licensed Skilled Nursing Facilities, or Department of Mental Health and Developmental Disabilities (DMHDD) Facilities.

b) Treatment of Resources

1) A one-month eligibility period will be used. All nonexempt income and non-exempt assets over the applicable asset disregard (Section 120.382) shall be applied towards the cost of care on a monthly basis. Non-exempt income (see Section 120.360) and assets (see 120.381) are applied towards the cost of care beginning with the first full calendar month of anticipated stay in the facility. Non-exempt income shall be applied toward the cost of care first. If insufficient to meet the cost of care at the private pay rate, then non-exempt assets over the applicable asset disregard shall be used.

2) When a client transfers between non-DMHDD facilities or transfers to a DMHDD facility, non-exempt income and/or excess assets are applied first toward the cost of care at the first facility and any balance is applied toward the cost of care at the second facility. If the client transfers from a DMHDD facility to a non-DMHDD facility, non-exempt income and/or excess assets are not applied toward the cost of care at the non-DMHDD facility for the month the transfer occurs. If the client is discharged from a DMHDD facility or non-DMHDD facility to his/her residence in the community or to a community based residential setting (such as Community Living Facility, Special Home Placement, Supported Living Arrangement, Home Individual Program, Community Residential Alternatives as defined at 59 Ill. Adm. Code 120.10), the MANG Community Income Standard is used (see Section 120.20) beginning with the month of discharge from the DMHDD facility or non-DMHDD.

3) If non-exempt income and non-exempt assets over the applicable asset disregard are greater than the Department's rate for cost of care, no payment will be made to the facility. However, the client may become eligible for Medical Assistance for other medical expenses by

incurring medical expenses equal to the spend-down obligation. The private rate of the facility may be applied to the spend-down obligation in this instance. A full redetermination shall be made every twelve (12) months.

c) Allow a deduction from the MANG client's income to meet the needs of dependent children under age 21 who do not reside with the community spouse, who do not have enough income to meet their needs and whose assets do not exceed the asset limit. To determine needs and asset limits:

- 1) for dependent children, use AFDC MAG standard and asset disregard (see Sections 120.30 and 120.382).
- 2) allow any payments made on medical bills for the children.

d) Allow deductions from the MANG clients non-SSI income for a Community Spouse Maintenance Needs Allowance and a Family Maintenance Needs Allowance for each dependent family member who does not have enough income to meet his/her needs. Family members include dependent children under age 21, dependent adult children, dependent parents or dependent siblings of either spouse who are living with the community spouse. To determine the amount of the deduction:

- 1) The deduction for the Community Spouse Maintenance Needs Allowance is equal to the community spouse maintenance needs standard (\$1,565) less any non-exempt monthly income of the community spouse. The deduction is allowed only to the extent income of the institutionalized spouse is contributed to the community spouse. However, the deduction for the Community Spouse Maintenance Needs Allowance shall not be less than the amount ordered by the court for support of the community spouse or the amount determined as the result of the fair hearing.

- 2) The deduction for the Family Maintenance Needs

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

Section 120.61

Cases in Intermediate Care, Skilled Nursing
Care and DMHDD - MANG (AABD) (Cont'd)

Allowance for each dependent family member is equal to one-third of the difference between the family maintenance needs standard (122% of the Federal Poverty Level for two persons as of September 30, 1989, 133% as of July 1, 1991 and 150% as of July 1, 1992) and any non-exempt income of the family member.

e) Deduction from MANG program

1) A deduction from the MANG program participant's income is allowed for up to six months to maintain a residence in the community when:

- A) the individual does not have a spouse and/or dependent children in the home; and
- B) a physician has certified that the stay in the facility is temporary and the individual is expected to return home within six months.

2) To determine the amount of the deduction include:

A) rent or property expense that would be allowed in the AABD MAG standard if the individual was at home; and

B) utility expenses that would be allowed in the AABD MAG standard if the individual was at home.

(Source: Amended at 14 Ill. Reg. _____, effective _____)

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

1) The Heading of the Part: MEDICAL PAYMENT

Code Citation: 89 Ill. Adm. Code 140

3) Section Number: Proposed Action:

140.569 Amendment

4) Statutory Authority: Sections 5-5.1 et seq. and 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1987, Ch. 23, Pats. 5-5.1 et seq. and 12-13)

A Complete Description of the Subject and Issue Involved:
It has come to our attention that the registered nurse requirement has kept some excellent facilities from participating in the Exceptional Care Program due to the nursing shortage. Certain Exceptional Care clients may not require a registered nurse to be on duty during the evening shift; therefore, rather than automatically requiring a facility to staff a registered nurse on the evening shift, it will be left up to the Department to make that determination. Hence, this proposed change is removing the requirement for a registered nurse to be on duty on the evening shift and giving the Department the right to determine if a registered nurse is required on the evening shift based on each individual Exceptional Care client's needs.

This rulemaking also incorporates changes made on Second Notice the last time this rule was amended, but which the Department neglected to make when adopting the rule.

6) Will this Proposed Amendment replace an Emergency Amendment currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this Proposed Amendment contain incorporations by reference? No

9) Are there any other Proposed Amendments pending on this Part? Yes

Section Numbers Proposed Action Illinois Register Citation

140.7

Amendment

April 20, 1990
(14 Ill. Reg. 5726)

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
140.24	Amendment	April 13, 1990 (14 Ill. Reg. 5417)
140.400	Amendment	February 2, 1990 (14 Ill. Reg. 1737)
140.413	Amendment	March 30, 1990 (14 Ill. Reg. 4860)
140.420	Amendment	January 26, 1990 (14 Ill. Reg. 1570)
140.421	Amendment	January 26, 1990 (14 Ill. Reg. 1570)
140.435	Amendment	February 2, 1990 (14 Ill. Reg. 1737)
140.436	Amendment	February 2, 1990 (14 Ill. Reg. 1737)
140.461	Amendment	April 20, 1990 (14 Ill. Reg. 5726)
140.462	Amendment	April 20, 1990 (14 Ill. Reg. 5726)
140.463	Amendment	April 20, 1990 (14 Ill. Reg. 5726)
140.475	Amendment	September 29, 1989 (13 Ill. Reg. 15281)
140.476	Amendment	September 29, 1989 (13 Ill. Reg. 15281)
140.477	Amendment	September 29, 1989 (13 Ill. Reg. 15281)
140.478	Amendment	September 29, 1989 (13 Ill. Reg. 15281)
140.479	Amendment	September 29, 1989 (13 Ill. Reg. 15281)

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
140.480	Amendment	September 29, 1989 (13 Ill. Reg. 15281)
140.481	Amendment	September 29, 1989 (13 Ill. Reg. 15281)
140.542	Amendment	March 23, 1990 (14 Ill. Reg. 4415)
140.543	Amendment	March 23, 1990 (14 Ill. Reg. 4415)
140.544	Repealed	March 23, 1990 (14 Ill. Reg. 4415)
140.545	Amendment	March 23, 1990 (14 Ill. Reg. 4415)
140.642	Amendment	March 2, 1990 (14 Ill. Reg. 3019)
140.646	Amendment	March 23, 1990 (14 Ill. Reg. 4415)
140.647	Amendment	March 23, 1990 (14 Ill. Reg. 4415)
140.648	Amendment	March 23, 1990 (14 Ill. Reg. 4415)
140.649	Amendment	March 23, 1990 (14 Ill. Reg. 4415)
140.650	Amendment	March 23, 1990 (14 Ill. Reg. 4415)
140.652	Amendment	March 23, 1990 (14 Ill. Reg. 4415)
140. Table D	Amendment	January 26, 1990 (14 Ill. Reg. 1570)
140. Table H	Amendment	March 2, 1990 (14 Ill. Reg. 3019)

DEPARTMENT OF PUBLIC AID

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

NOTICE OF PROPOSED AMENDMENT

10) Statement of Statewide Policy Objectives This rulemaking has no effect on local governmental units.

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning the proposed rulemaking. All comments must be in writing and should be addressed to Daniel Leikvold, Staff Attorney, Office of the General Counsel, Illinois Department of Public Aid, Jesse B. Harris Building II, 100 South Grand Avenue East, 3rd Floor, Springfield, Illinois 62762 (217) 782-1233. The Department will consider all written comments it receives within 30 days of the date of publication of this notice.

12) Initial Regulatory Flexibility Analysis:

- A) Date Proposed Amendment was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: May 15, 1990
- B) Types of small businesses affected: Medical providers
- C) Reporting, bookkeeping or other procedures required for compliance: No new procedures required
- D) Types of professional skills necessary for compliance: No new skills required.

The full text of the Proposed Amendment begins on the next page:

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER d: MEDICAL PROGRAMS

PART 140
MEDICAL PAYMENT

SUBPART A: GENERAL PROVISIONS

Section

140.1
140.2
140.3

Incorporation By Reference
Medical Assistance Programs
Covered Services Under The Medical Assistance Programs for AFDC, AFDC-MANG, AABD, AABD-MANG, RRP, Individuals Under Age 18 Not Eligible for AFDC, Pregnant Women Who Would Be Eligible if the Child Were Born and Pregnant Women and Infants Under Age One Year Who Do Not Qualify As Mandatory Categorically Needy
Covered Medical Services Under AFDC-MANG for non-pregnant persons who are 18 years of age or older (Repealed)
Covered Medical Services Under GA and AMI
Medical Services Not Covered
Medical Assistance Provided to Individuals Under the Age of Eighteen Who Do Not Qualify for AFDC and Children Under Age Six
Medical Assistance For Qualified Severely Impaired Individuals
Medical Assistance for a Pregnant Woman Who Would Not Be Categorically Eligible for AFDC/AFDC-MANG if the Child Were Already Born Or Who Do Not Qualify As Mandatory Categorically Needy
Medical Assistance Provided to Incarcerated Persons

140.4

140.5
140.6
140.7

140.8

140.9

140.10

SUBPART B: MEDICAL PROVIDER PARTICIPATION/DRUG MANUAL

Section

140.11
140.12
140.13
140.14
140.15
140.16
140.17

Enrollment Conditions for Medical Providers
Participation Requirements for Medical Providers
Definitions
Denial of Application to Participate in the Medical Assistance Program
Recovery of Money
Termination of a Vendor's Eligibility to Participate in the Medical Assistance Program
Suspension of a Vendor's Eligibility to Participate in the Medical Assistance Program

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

Section	
140.18	Effect of Termination on Individuals Associated with Vendor
140.19	Application to Participate or for Reinstatement Subsequent to Termination, Suspension or Barring
140.20	Submittal of Claims
140.21	Covered Medicaid Services for Qualified Medicare Beneficiaries (QMBs)
140.22	Magnetic Tape Billings
140.23	Payment of Claims
140.24	Payment Procedures
140.25	Overpayment or Underpayment of Claims
140.26	Payment to Factors Prohibited
140.27	Assignment of Vendor Payments
140.28	Record Requirements for Medical Providers
140.30	Audits
140.35	False Reporting and Other Fraudulent Activities
140.40	Prior Approval for Medical Services or Items
140.41	Prior Approval in Cases of Emergency
140.42	Limitation on Prior Approval
140.43	Post Approval for Items or Services When Prior Approval Cannot Be Obtained
140.71	Drug Manual (Recodified)
140.72	Drug Manual (Recodified)
140.73	Drug Manual Updates (Recodified)
	SUBPART C: HOSPITAL SERVICES
Section	
140.94	Hospital Services (Recodified)
140.95	Participation (Recodified)
140.96	General Requirements (Recodified)
140.97	Special Requirements (Recodified)
140.98	Covered Hospital Services (Recodified)
140.99	Hospital Services Not Covered (Recodified)
140.100	Limitation On Hospital Services (Recodified)
140.101	Transplants (Recodified)
140.102	Heart Transplants (Recodified)
140.103	Liver Transplants (Recodified)
140.104	Bone Marrow Transplants (Recodified)
140.110	Disproportionate Share Hospital Adjustments (Recodified)
140.116	Payment for Inpatient Services for GA (Recodified)
140.117	Hospital Outpatient and Clinic Services (Recodified)
140.200	Payment for Hospital Services During Fiscal Year 1982 (Recodified)
140.201	Payment for Hospital Services After June 30, 1982 (Repealed)

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

Section	
140.202	Payment for Hospital Services During Fiscal Year 1983 (Recodified)
140.203	Limits on Length of Stay by Diagnosis (Recodified)
140.300	Payment for Pre-operative Days and Services Which Can Be Performed in an Outpatient Setting (Recodified)
140.350	Copayments (Recodified)
140.360	Payment Methodology (Recodified)
140.361	Non-Participating Hospitals (Recodified)
140.362	Pre July 1, 1989 Services (Recodified)
140.363	Post June 30, 1989 Services (Recodified)
140.364	Prepayment Review (Recodified)
140.365	Base Year Costs (Recodified)
140.366	Restructuring Adjustment (Recodified)
140.367	Inflation Adjustment (Recodified)
140.368	Volume Adjustment (Repealed)
140.369	Groupings (Recodified)
140.370	Rate Calculation (Recodified)
140.371	Payment (Recodified)
140.372	Review Procedure (Recodified)
140.373	Utilization (Repealed)
140.374	Alternatives (Recodified)
140.375	Exemptions (Recodified)
140.376	Utilization, Case-Mix and Discretionary Funds (Repealed)
140.390	Subacute Alcoholism and Substance Abuse Services (Recodified)
140.391	Definitions (Recodified)
140.392	Types of Subacute Alcoholism and Substance Abuse Services (Recodified)
140.394	Payment for Subacute Alcoholism and Substance Abuse Services (Recodified)
140.396	Rate Appeals for Subacute Alcoholism and Substance Abuse Services (Recodified)
140.398	Hearings (Recodified)
	SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES
Section	
140.400	Payment to Practitioners and Laboratories
140.410	Physicians' Services
140.411	Covered Services By Physicians
140.412	Services Not Covered By Physicians
140.413	Limitation on Physician Services
140.414	Requirements for Prescriptions and Dispensing of Pharmacy Items - Physicians

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

Section	
140.416	Optometric Services and Materials
140.417	Limitations on Optometric Services
140.418	Department of Corrections Laboratory
140.420	Dental Services
140.421	Limitations on Dental Services
140.422	Requirements for Prescriptions and Dispensing Items of Pharmacy Items - Dentists
140.425	Podiatry Services
140.426	Limitations on Podiatry Services
140.427	Requirement for Prescriptions and Dispensing of Pharmacy Items - Podiatry
140.428	Chiropractic Services
140.429	Limitations on Chiropractic Services (Repealed)
140.430	Independent Laboratory Services
140.431	Services Not Covered by Independent Laboratory
140.432	Limitations on Independent Laboratory Services
140.433	Payment for Laboratory Services
140.434	Record Requirements for Independent Laboratories
140.440	Pharmacy Services
140.441	Pharmacy Services Not Covered
140.442	Prior Approval of Prescriptions
140.443	Filling of Prescriptions
140.444	Compounded Prescriptions
140.445	Prescription Items (Not Compounded)
140.446	Over-the-Counter Items
140.447	Reimbursement
140.448	Returned Pharmacy Items
140.449	Payment of Pharmacy Items
140.450	Record Requirements for Pharmacies
140.452	Mental Health Clinic Services
140.453	Definitions
140.454	Types of Mental Health Clinic Services
140.455	Payment for Mental Health Clinic Services
140.456	Hearings
140.460	Clinic Services
140.461	Clinic Participation Requirements
140.462	Covered Services in Clinics
140.463	Encounter Rate Clinic Payment
140.464	Psychiatric Clinics (Hospital-based)
140.465	Speech and Hearing Clinics
140.466	Rural Health Clinics
140.467	Independent Clinics
140.469	Hospice
140.470	Home Health Services
140.471	Home Health Covered Services
140.472	Types of Home Health Services
140.473	Prior Approval for Home Health Services

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

Section	
140.474	Payment for Home Health Services
140.475	Medical Equipment, Supplies and Prosthetic Devices
140.476	Medical Equipment, Supplies and Prosthetic Devices for Which Payment Will Not Be Made
140.477	Limitations on Equipment, Supplies and Prosthetic Devices
140.478	Prior Approval for Medical Equipment, Supplies and Prosthetic Devices
140.479	Approval of Medical Supplies
140.480	Equipment Rental Limitations
140.481	Payment for Medical Equipment, Supplies and Prosthetic Devices
140.482	Family Planning Services
140.483	Limitations on Family Planning Services
140.484	Payment for Family Planning Services
140.485	Medichek Services
140.486	Limitations on Medichek Services
140.487	Payment on Medichek Services
140.490	Medical Transportation
140.491	Limitations on Medical Transportation
140.492	Payment for Medical Transportation
140.495	Psychological Services
140.496	Payment for Psychological Services
140.497	Hearing Aids
SUBPART E: GROUP CARE	
140.500	Group Care Services
140.502	Cessation of Payment at Federal Direction
140.503	Cessation of Payment for Improper Level of Care
140.504	Cessation of Payment Because of Termination of Facility
140.505	Continuation of Payment Because of Threat To Life
140.506	Provider Voluntary Withdrawal
140.507	Continuation of Provider Agreement
140.510	Determination of Need for Group Care
140.511	Services Provided Without Charge
140.512	Utilization Control
140.513	Utilization Review Plan
140.514	Certifications and Recertifications of Care
140.515	Management of Recipient Funds--Personal Allowance Funds
140.516	Recipient Management of Funds
140.517	Correspondent Management of Funds
140.518	Facility Management of Funds

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

Section	
140.519	Use or Accumulation of Funds
140.520	Management of Recipient Funds--Local Office Responsibility
140.521	Room and Board Accounts
140.522	Reconciliation of Recipient Funds
140.523	Bed Reserves
140.524	Cessation of Payment Due to Loss of License
140.525	Eligibility For Quality Incentive Program (QUIP)
140.526	Quality Incentive Standards and Criteria for the Quality Incentive Program (QUIP)
140.527	Quality Incentive Survey
140.528	Payment of Quality Incentive
140.529	Reviews
140.530	Basis of Payment for Group Care Services
140.531	General Service Costs
140.532	Health Care Costs
140.533	General Administration Costs
140.534	Ownership Costs
140.535	Costs for Interest, Taxes and Rent
140.536	Organization and Pre-Operating Costs
140.537	Payments to Related Organizations
140.538	Special Costs
140.539	Nurse's Aide Training
140.540	Costs Associated With Nursing Home Care Reform Act and Implementing Regulations
140.541	Salaries Paid to Owners or Related Parties
140.542	Cost Reports-Filing Requirements
140.543	Time Standards for Filing Cost Reports
140.544	Access to Cost Reports
140.545	Penalty for Failure to File Cost Reports
140.550	Update of Operating Costs
140.551	General Service Costs
140.552	Nursing and Program Costs
140.553	General Administrative Costs
140.554	Component Inflation Index
140.555	Minimum Wage
140.560	Components of the Base Rate Determination
140.561	Support Costs Components
140.562	Nursing Costs
140.563	Capital Costs
140.565	Incentive Payments for Quality Care (Repealed)
140.566	Level I Incentive Payments (Repealed)
140.567	Level II Incentive Payments (Repealed)
140.568	Duration of Incentive Payments (Repealed)
140.569	Clients With Exceptional Care Needs
140.570	Capital Rate Component Determination
140.571	Fair Rental Value (FRV) Calculation

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

Section	
140.572	Total Capital Rate
140.573	Other Capital Provisions
140.574	Capital Costs for Rented Facilities
140.575	Newly Constructed Facilities (Repealed)
140.576	Renovations (Repealed)
140.577	Capital Costs for Rented Facilities (Renumbered)
140.578	Property Taxes
140.579	Specialized Living Centers
140.580	Mandated Capital Improvements
140.581	Qualifying as Mandated Capital Improvement
140.582	Cost Adjustments
140.583	Campus Facilities
140.584	Illinois Municipal Retirement Fund (IMRF)
140.590	Audit and Record Requirements
140.642	Long Term Care Screening Assessment
140.643	In-Home Care Program
140.645	Medical and In-Home Care For Disabled Persons Under Age 21
140.646	Reimbursement for Developmental Training for the Mentally Retarded Who Reside in Long Term Care Facilities
140.647	Description of Developmental Training Service Levels
140.648	Determination of the Amount of Reimbursement for Day Programming for the Mentally Retarded
140.649	Effective Dates of Reimbursement for Day Programs
140.650	Certification of Day Programs
140.651	Decertification of Day Programs
140.652	Terms of Assurances and Contracts
140.680	Effective Date Of Payment Rate
140.700	Discharge of Long Term Care Residents
140.830	Appeals of Rate Determinations
140.835	Determination of Cap on Payments for Long Term Care

SUBPART F: POINT COUNT GUIDELINES FOR ICF/MR AND SNF/PED FACILITIES

Section	
140.850	Facility/Client Participation (Recodified)
140.855	Evaluation Of Need For Care (Recodified)
140.860	Payment (Recodified)
140.865	Definitions (Recodified)
140.870	Guidelines (Recodified)
140.875	Intermediate Care (ICF/MR) (Recodified)
140.880	Skilled Care (SNF/PED) (Recodified)
140.885	Statewide Rates (Recodified)
140.890	Reimbursement for ICF/MR-15 and Under Facilities (Recodified)

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

Section

140.895 Night Shift Reimbursement (Recodified)
 140.896 Reimbursement For Program Costs (Active Treatment)
 For Clients in Long Term Care Facilities For the
 Developmentally Disabled (Recodified)

SUBPART G: REIMBURSEMENT FOR NURSING COSTS FOR GERIATRIC FACILITIES

Section

140.900 Reimbursement For Nursing Costs For Geriatric
 Residents in Group Care Facilities (Recodified)
 140.901 Functional Areas of Needs (Recodified)
 140.902 Service Needs (Recodified)
 140.903 Definitions (Recodified)
 140.904 Times and Staff Levels (Repealed)
 140.905 Statewide Rates (Repealed)
 140.906 Reconsiderations (Recodified)
 140.907 Midnight Census Report (Recodified)
 140.908 Times and Staff Levels (Recodified)
 140.909 Statewide Rates (Recodified)
 140.910 Referrals (Recodified)
 140.911 Basic Rehabilitation Aide Training Program
 (Recodified)
 140.912 Interim Nursing Rates (Recodified)

SUBPART H: ILLINOIS COMPETITIVE ACCESS AND REIMBURSEMENT EQUITY (ICARE) PROGRAM

Section

140.940 Illinois Competitive Access and Reimbursement Equity
 (ICARE) Program (Recodified)
 140.942 Definition of Terms (Recodified)
 140.944 Notification of Negotiations (Recodified)
 140.946 Hospital Participation in ICARE Program Negotiations
 (Recodified)
 140.948 Negotiation Procedures (Recodified)
 140.950 Factors Considered in Awarding ICARE Contracts
 (Recodified)
 140.952 Closing an ICARE Area (Recodified)
 140.954 Administrative Review (Recodified)
 140.956 Payments to Contracting Hospitals (Recodified)
 140.958 Admitting and Clinical Privileges (Recodified)
 140.960 Inpatient Hospital Care or Services by
 Non-Contracting Hospitals Eligible for Payment
 (Recodified)
 140.962 Payment to Hospitals for Inpatient Services or Care
 not Provided under the ICARE Program (Recodified)

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

Section

140.964 Contract Monitoring (Recodified)
 140.966 Transfer of Recipients (Recodified)
 140.968 Validity of Contracts (Recodified)
 140.970 Termination of ICARE Contracts (Recodified)
 140.972 Hospital Services Procurement Advisory Board
 (Recodified)

TABLE A Medichuk Recommended Screening Procedures

TABLE B Health Service Areas

TABLE C Capital Cost Areas

TABLE D Schedule of Dental Procedures

TABLE E Time Limits for Processing of Prior Approval Requests

TABLE F Podiatry Service Schedule

TABLE G Travel Distance Standards

TABLE H Areas of Major Life Activity

TABLE I Staff Time and Allocation for Training Programs
(Recodified)

TABLE J HSA Grouping

AUTHORITY: Implementing Article III of the Illinois Health
 Finance Reform Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par.
 6503-1 et seq.) and implementing and authorized by Articles
 III, IV, V, VI, VII and Section 12-13 of the Illinois Public
 Aid Code (Ill. Rev. Stat. 1987, ch. 23, pars. 3-1 et seq., 4-1
 et seq., 5-1 et seq., 6-1 et seq., 7-1 et seq., and 12-13).

SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10,
 1979; rule repealed and new rule adopted at 6 Ill. Reg. 8374,
 effective July 6, 1982; emergency amendment at 6 Ill. Reg.
 8508, effective July 6, 1982, for a maximum of 150 days;
 amended at 7 Ill. Reg. 681, effective December 30, 1982;
 amended at 7 Ill. Reg. 7956, effective July 1, 1983; amended at
 7 Ill. Reg. 8308, effective July 1, 1983; amended at 7 Ill.
 Reg. 8271, effective July 5, 1983; emergency amendment at 7
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 days; amended at 7 Ill. Reg. 8540, effective July 15, 1983;
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 amendment at 7 Ill. Reg. 12868, effective October 31, 1983;
 amended at 7 Ill. Reg. 15047, effective December 21, 1983;
 amended at 8 Ill. Reg. 254, effective December 21, 1983;
 emergency amendment at 8 Ill. Reg. 580, effective January 1,
 1984, for a maximum of 150 days; recodified at 8 Ill. Reg.
 2483; amended at 8 Ill. Reg. 3012, effective February 22, 1984;
 amended at 8 Ill. Reg. 5262, effective April 9, 1984; amended
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DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

111. Reg. 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17899; peremptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; peremptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 29, 1984; peremptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 25067, effective December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985; amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11357, effective June 28, 1985; amended at 9 Ill. Reg. 12000, effective July 24, 1985; amended at 9 Ill. Reg. 12306, effective August 5, 1985; amended at 9 Ill. Reg. 13998, effective September 3, 1985; amended at 9 Ill. Reg. 14684, effective September 13, 1985; amended at 9 Ill. Reg. 15503, effective October 4, 1985; amended at 9 Ill. Reg. 16312, effective October 11, 1985; amended at 9 Ill. Reg. 19138, effective December 2, 1985; amended at 9 Ill. Reg. 19737, effective December 9, 1985; amended at 10 Ill. Reg. 238, effective December 27, 1985; emergency amendment at 10 Ill. Reg. 798, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 672, effective January 6, 1986; amended at 10 Ill. Reg. 1206, effective January 13, 1986; amended at 10 Ill. Reg. 3041, effective January 24, 1986; amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. Reg. 7825, effective April 30, 1986; amended at 10 Ill. Reg. 8128, effective May 7, 1986; emergency amendment at 10 Ill. Reg. 8912, effective May 13, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 11440, effective June 20, 1986; amended at 10 Ill. Reg. 14714, effective August 27, 1986; amended at 10 Ill.

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill. Reg. 16729, effective September 18, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 18808, effective October 24, 1986; amended at 10 Ill. Reg. 19742, effective November 12, 1986; amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 11 Ill. Reg. 639, effective December 19, 1986; amended at 11 Ill. Reg. 1418, effective December 31, 1986; amended at 11 Ill. Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 Ill. Reg. 4302; amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg. 7664, effective April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill. Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290, effective July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18696, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987; amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427, effective March 15, 1988; amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at 12 Ill. Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140. Table H and 140. Table I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147. Table A and 147. Table B at 12 Ill. Reg. 6956; amended at 12 Ill. Reg. 6977, effective April 5, 1988; Sections 140.940 thru 140.972 recodified to 89 Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at 12 Ill. Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective June 3, 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; amended at 12 Ill. Reg. 14271, effective August 29, 1988; emergency amendment at 12 Ill. Reg. 16921, effective September 28, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16738, effective October 5, 1988; amended at 12 Ill. Reg. 17879, effective October 24, 1988; amended at 12 Ill. Reg. 18198, effective November 4, 1988; amended at 12 Ill. Reg. 19396, effective November 6, 1988; amended at 12 Ill. Reg. 19734, effective November 15, 1988; amended at 13 Ill. Reg.

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

125, effective January 1, 1989; amended at 13 Ill. Reg. 2475, effective February 14, 1989; amended at 13 Ill. Reg. 3069, effective February 28, 1989; amended at 13 Ill. Reg. 3351, effective March 6, 1989; amended at 13 Ill. Reg. 3917, effective March 17, 1989; amended at 13 Ill. Reg. 5115, effective April 3, 1989; amended at 13 Ill. Reg. 5718, effective April 10, 1989; Sections 140.850 thru 140.896 recodified to 89 Ill. Adm. Code 146.5 thru 146.225 at 13 Ill. Reg. 7040; amended at 13 Ill. Reg. 7025, effective April 24, 1989; amended at 13 Ill. Reg. 7786, effective May 20, 1989; Sections 140.94 thru 140.398 recodified to 89 Ill. Adm. Code 148.10 thru 148.390 at 13 Ill. Reg. 9572; emergency amendment at 13 Ill. Reg. 10977, effective July 1, 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended at 13 Ill. Reg. 11516, effective July 3, 1989; amended at 13 Ill. Reg. 12119, effective July 7, 1989; Section 140.110 recodified to 89 Ill. Adm. Code 148.120 at 13 Ill. Reg. 12118; amended at 13 Ill. Reg. 12562, effective July 17, 1989; amended at 13 Ill. Reg. 14391, effective August 31, 1989; emergency amendment at 13 Ill. Reg. 15473, effective September 12, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 16992, effective October 16, 1989; amended at 14 Ill. Reg. 190, effective December 21, 1989; amended at 14 Ill. Reg. 2564, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 3241, effective February 14, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 4543, effective March 12, 1990; emergency amendment at 14 Ill. Reg. 4577, effective March 6, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 5575, effective April 1, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 5865, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 7141, effective April 27, 1990; emergency amendment at 14 Ill. Reg. 7249, effective April 27, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. _____, effective _____.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE.

SUBPART E: GROUP CARE

Section 140.569 Clients With Exceptional Care Needs

a) Exceptional Care Program

- 1) Pursuant to Section 5-5A of the Illinois Public Aid Code (Ill. Rev. Stat. 1987, ch. 23, par. 5-5A), the Department may make payments to nursing facilities which substantially meet licensure and certification requirements as may

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

- Section 140.569 Clients With Exceptional Care Needs (Cont'd)
- be prescribed by the Department of Public Health. For purposes of this Section, substantial compliance shall mean compliance with eligibility standards required of providers under the Department's QUIP program, 140.525(b).
- 2) The Department may, but is not required to, enter into contracts with facilities offering exceptional medical services, referred to herein as Providers.
 - 3) Exceptional medical care is defined as the level of medical care required by persons who are medically stable and ready for discharge from a hospital but who require a multi-disciplinary level of care for physician, nurse and ancillary specialist services with exceptional costs related to extraordinary equipment and/or supplies that have been determined to be a medical necessity. This includes but is not limited to persons with acquired immune deficiency syndrome (AIDS) or related condition, head-injured persons, and ventilator dependent persons. Consideration may be given to those residents currently residing in a facility who require a multi-disciplinary level of care and meet criteria as stated in subsection (j)(2).
 - 4) The Department shall negotiate with nursing home providers and enter into a contract with Providers. The rate of payment will be reasonable and adequate to meet the costs incurred by the facilities providing exceptional care. The rate of payment shall not exceed the amount the Department determines would be paid under Medicare principles of reimbursement. Providers may negotiate separate facility wide rates for separate types of care. In determining the rate of payment to a facility, the Department shall take into account cost information submitted by the facility.
- b) Exceptional Care Contract Requirements
- The Department may enter into a contract for

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

Section 140.569 Clients With Exceptional Care Needs (Cont'd)
exceptional care services only if the provider agrees to the following conditions:

- 1) The Provider will maintain separate records regarding costs related to the care of the exceptional care residents, reporting them in the ancillary section of the Department Long Term Care Facility Cost Reports.
- 2) The facility must demonstrate the capacity and capability to provide exceptional care as documented by Department of Public Health and Department of Public Aid records.
- 3) The Provider must maintain and provide documentation demonstrating:
 - A) Adherence to staffing requirements as set out in subsection (c);
 - B) Adherence to staff training requirements as set out in subsection (d);
 - C) Validity of written agreements as required in subsection (e);
 - D) Presence of emergency policy and procedures as set out in subsection (f);
 - E) Medical condition of the resident; and
 - F) Care, treatments and services provided to the resident.
- 4) The Provider must have and maintain physical plant adaptations to accommodate the necessary equipment.
- 5) The Provider must have and maintain an emergency electrical backup system.
- 6) The Provider must agree to accept at least seventy-five percent (75%) of all Department persons determined in need of exceptional care services if the facility is at least 95% occupancy. The period used for determining the

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

Section 140.569 Clients With Exceptional Care Needs (Cont'd)

75% quota will be no later than six months after the effective date of the contract between the Department and the Provider. The Department may review compliance as necessary. Failure of the Provider to comply with this quota may render at the discretion of the Department the exceptional care contract void and may exclude the effected Provider as a participant in the exceptional care contract program for a period not to exceed one (1) year.

c) Exceptional Care Staffing Requirements

Staffing requirements for facilities providing exceptional care include:

- 1) A minimum of one RN on duty on the day shift and evening shifts, seven days per week, (as required by the Department of Public Health and set out in 77 Ill. Adm. Code 300.1240). Additional RN staff may be determined necessary by the Department of Public Aid, based on the Department's review of the individual exceptional care clients' needs and/or the exceptional care needs relative to the category of services being contracted for.
- 2) A minimum of the required number of LPN staff (as required by the Department of Public Health and set out in 77 Ill. Adm. Code 300.1230 and 300.1240), on duty, with an RN on call, if not on duty, on the evening and night shifts, seven days per week; and
- 3) A respiratory therapist, certified respiratory therapy technician or registered respiratory therapist, on staff or on contract with the facility, for those facilities serving ventilator dependent residents or residents requiring respiratory therapy services.
- d) Exceptional Care Staff Training Requirements for Facilities Providing Ventilator Dependent Care
Training requirements for facilities providing exceptional care for ventilator dependent residents include:

NOTICE OF PROPOSED AMENDMENT

Section 140.569 Clients With Exceptional Care Needs (Cont'd)

At least one of the full-time professional nursing staff members has successfully completed a course in the care of ventilator dependent individuals and the use of ventilators, conducted and documented by a respiratory-therapist or certified respiratory therapy technician or registered respiratory therapist (as certified/registered by the Department of Professional Regulation) or a qualified registered nurse who has at least one year experience in the care of ventilator dependent persons, and

- 2) All staff caring for ventilator dependent residents must have documented inservice training in ventilator care prior to providing such care. Inservice training must be conducted at least annually by a certified respiratory therapy technician or registered respiratory therapist (as certified/registered by the Department of Professional Regulation) or a qualified registered nurse who has at least one year experience in the care of ventilator dependent persons. Inservice training documentation shall include name and qualification of the inservice director, duration of presentation, content of presentation and signature and position description of all participants.

e) Exceptional Care Agreement Requirements

The Provider must have a valid written agreement with:

- 1) A medical equipment and supply provider which must include a service contract for ventilator equipment when accepting ventilator dependent residents;
- 2) A local emergency transportation provider;
- 3) A local hospital capable of providing the necessary care for equipment dependent residents, when appropriate; and
- 4) A respiratory-therapist certified respiratory

NOTICE OF PROPOSED AMENDMENT

Section 140.569 Clients With Exceptional Care Needs (Cont'd)

therapy technician or registered respiratory therapist, (unless a respiratory therapist is on staff within the facility) when accepting ventilator dependent residents or residents requiring respiratory therapy services.

f) Exceptional Care Emergency Policy and Procedures Requirements

The Provider must have specific written policies and procedures addressing emergency needs for residents requiring exceptional care.

g) Accessibility to Records

The Provider must make accessible to IDPA and/or IDPH all facility, resident and other records necessary to determine that the needs of the resident are being met and to determine the appropriateness of exceptional care services.

h) Contract Negotiations

- 1) A Provider shall notify the Department of its interest in participating in the Exceptional Care program in writing by certified or registered mail, return receipt requested.

- 2) Negotiations between the provider and the Department shall be conducted solely on an individual facility basis. Multiple facility negotiations shall not be permitted.

- 3) Prior to the beginning of negotiations, the Provider shall submit to the Department a completed Exceptional Care Data Sheet. The Department shall furnish such Data Sheet. The Exceptional Care Data Sheet shall require:

- A) Identification of the types, quantities and costs of services which the Provider intends to offer;
- B) A staffing plan for the area of the facility serving exceptional care residents; and

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

Section 140.569 Clients With Exceptional Care Needs (Cont'd)

C) Documentation of the qualifications of staff serving exceptional care residents.

- 4) The Department shall provide each Provider which has notified the Department of its interest in participation in the Exceptional Care Program with a copy of the proposed contract provisions by mailing such proposed contract provisions to the provider. Each contract shall be for a period of one year.

i) Renewal/Nonrenewal of Exceptional Care Contracts

- 1) Providers desirous of renewing exceptional care contracts must contact the Department in writing sixty (60) days prior to the expiration date of the contract to express their intent to renew the contract.

- 2) Upon receipt of the Providers' intent to renew their contract, the Department shall open negotiations as set forth in subsection (h).

- 3) Providers desiring to terminate or not renew their contract shall notify the Department sixty (60) days prior to the date of termination or contract expiration. Payment for new admissions at an exceptional care rate will not be made to those providers who do not have a valid exceptional care contract. Payment for exceptional care residents in facilities which terminate or do not renew their contracts will remain at the previous exceptional care rate until such time as the resident no longer requires exceptional care as determined by the Department's utilization review (see Contract Monitoring 2 and 3) or the resident is discharged.

- 4) It is the responsibility of a nursing home Provider to effect appropriate discharge planning for exceptional care residents when terminating or not renewing its contract. The Department agrees to assist providers with any information available regarding appropriate placement settings.

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

Section 140.569 Clients With Exceptional Care Needs (Cont'd)

j) Determining eligibility for exceptional care payment.

- 1) All persons must be approved by an authorized Department representative prior to placement in a facility to be eligible for exceptional care payment. Excluding those residents currently enrolled in the negotiated rate program.

- 2) In order for a person to be approved for exceptional care placement the cost of the person's care must be at least 50% more than the proposed admitting facility's per diem rate (capital, support and nursing components). Eligible items which may be used in computing the cost of the person's care include nursing services costs, therapy services costs, and medical equipment and supply costs. Computations for determining cost of care shall be based upon maximum allowable costs for service equipment and supplies and HSA wage rates for the proposed admitting facility as determined by the Department.

- k) Provision for Patients for which a Long Term Care Placement is Unavailable

In the event placement for a patient in need of exceptional care services or skilled nursing services cannot be located, the Department shall approve payment to the hospital in which the patient is receiving services. The rate of payment to the hospital shall not exceed the average statewide long term care facility per diem rate for the level of services provided.

- 1) Contract Monitoring

- 1) All utilization controls applied to exceptional care by the Department in accordance with the approved plan for medical services under Section 5-2 of the Illinois Public Aid Code (Ill. Rev. Stat. 1987, ch. 23, par. 5-2), and Title XIX of the Federal Social Security Act (42 U.S.C. 1396a) shall continue to apply to exceptional care provided under the Exceptional Care Program (Ill.

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

Section 140.569 Clients With Exceptional Care Needs (Cont'd)

Rev. Stat. 1987, ch. 111 1/2 par. 6503-5; Section 3-5 of the The Health Finance Reform Act).

- 2) The Department shall provide for a program of delegated utilization review and quality assurance. The Department may contract with Medical Peer Review organizations to provide utilization review and quality assurance under any contract negotiated for exceptional care.
- 3) The Department shall review exceptional care residents' utilization of services every ninety (90) days.
- 4) In the event that it is determined that the resident is no longer in need of exceptional care services, the Department shall reduce the rate of payment to the provider to the facility's standard Medicaid per diem rate.

(Source: Amended at 14 Ill. Reg. _____, effective _____)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part:

Program Content and Guidelines for Title X Family Planning Services

2) Code Citation:

77 Ill. Adm. Code 635

3) Section Numbers:

635.20
635.30
635.35
635.40
635.50
635.60
635.70
635.80
635.90
635.110
635.130
635.140
635.150
635.160
635.170
635.180
635.190
Appendix A
Appendix B
Appendix C
Appendix D

Proposed Action:

Amendments
Amendments
New Section
Amendments
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Amendments
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4) Statutory Authority:

The Civil Administrative Code of Illinois
111. Rev. Stat. 1987, ch. 127, par. 55.

5) A Complete Description of the Subjects and Issues Involved:

The Family Planning Services Program awards funds through an application process to public and private not-for-profit entities to provide high quality, comprehensive, voluntary family planning services to individuals of reproductive age whose income level is at or below 250 percent of the poverty level. The funding sources currently include Title V, Title X, Title XX and general revenue. The varying grant periods and funding mechanisms associated with each of these sources (i.e., Title V, a grant program on federal fiscal year; Title X, a grant program on calendar

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

year; Title XX, a fee for service program on state fiscal year; and General Revenue, a grant program on state fiscal year) have fragmented the program and duplicated services. The proposed amendments are intended to consolidate the Family Planning Program by combining all the rules into one complete inclusive set of rules and converting all awards to delegate agencies to a fee for service reimbursement mechanism distributed on the state fiscal year.

This proposal concerns changes in: Expanding the definition of "program income" to cover gross income earned by a delegate agency, budgeted for activities described in the project and generated as a result of having received this grant; a definition of "Satisfactory Performance" for a delegate agency; expansion of personnel policies as prescribed for the delegate agencies; all delegate agency facilities must comply with the BCHS Ambulatory Health Care Standards. In addition, all hospital based providers must meet the Joint Commission of Accreditation of Standards for Ambulatory Care Services; travel reimbursement policies for delegate agencies must be approved and on file with the Department; the methodology for the annual cost analysis for a delegate agency shall be prescribed by the Department; a redefining of requirements for Community Education and Information and Education Advisory Committee.

The proposed amendments will help resolve inconsistencies in application procedures, reporting requirements, evaluation methods and reimbursement mechanisms. In addition, these will increase the efficiency of the service delivery system and the management of the program. Bringing all funds together in one allocation formula with the same award or project period using the fee-for-service as reimbursement system allows several efficiencies. It removes the confusion for providers as to how to identify funds per patient and expenditure in the program. Using the CVR as both a record of services provided and a billing form eliminates the time and effort now expended in preparation of monthly vouchers. Cash flow for providers should be improved since the data/billing reports are received on a monthly schedule. Calculation and printing of fees per service is completed with data entry and the monthly printout provides the billing forms.

The status of total funds, as well as funds utilized per agency, will be more readily available permitting distribution changes among agencies so that service dollars can be more adequately utilized. This does represent a major shift in dollars for those delegate agencies that have been conducting community education programs without a patient service orientation; the economic impact is expected to be minimal. Further comment on the economic impact of this proposal is welcome.

The anticipated adoption date of these proposed rules is within six to nine months of initial publication in the Illinois Register.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

6) Will this Proposed Rulemaking Replace an Emergency Rule Currently in Effect?

Yes No X

7) Does this Rulemaking contain an Automatic Repeal Date? Yes No X

If "yes," please specify the date:

8) Does this Proposed Rulemaking Contain Incorporations By Reference?

Yes X No

If "yes," please specify type: 6.02(a) X or 6.02(b) X

9) Are there any other Proposed Amendments Pending on this Part?

Yes No X

If Yes:

Section Numbers

Proposed Action

Ill. Reg. Citation

10) Statement of Statewide Policy Objectives:

Please specify: To combine Title X, Title XX and MCH Block Grant rules for family planning services into one complete all inclusive set of rules for family planning which will standardize the program and reduce paperwork. To combine all family planning programs to fee for service on a state fiscal year will help to allocate resources equitably and maximize the number of medically served clients.

11) Time, Place, and Manner in which Interested Persons May Comment on this Proposed Rulemaking:

Interested persons may present their comments concerning these rules by writing to Mr. Robert John Kane, Division of Governmental Affairs, Illinois Department of Public Health, 525 West Jefferson, Second Floor Springfield, Illinois 62761 within 45 days after this issue of the Illinois Register.

Date, Time and Location of Public Hearing:

TO BE ANNOUNCED IN THE ILLINOIS REGISTER.

These rules may have an impact on small businesses. In accordance with

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

Sections 3.01 and 4.03 of the Illinois Administrative Procedure Act, any small business may present their comments in writing to Robert John Kane at the above address.

Any small business (as defined in Section 3.10 of the Illinois Administrative Procedure Act) commenting on these rules shall indicate their status as such, in writing, in their comments.

12) Initial Regulatory Flexibility Analysis:

A) Date Rule was Submitted to the Business Assistance Office of the Department of Commerce and Community Affairs:

May 9, 1990

B) Type of Small Businesses Affected:

Doctors, laboratories, or the delegate agencies may be affected.

C) Reporting, Bookkeeping or Other Procedures Required for Compliance:

Delegate agencies will be required to submit an annual application and report from the local Information and Education Committee; semiannual financial, program performance, and BCHS Common Reporting Requirements (BCRR) reports; quarterly community education, sterilization, and sexually transmitted diseases testing reports; and monthly clinic visit records (CVR) for each client.

D) Types of Professional Skills Necessary for Compliance:

Staff shall possess the appropriate licensure or certification to perform their duties.

The full text of the Proposed Amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER 1: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER 1: MATERNAL AND CHILD HEALTH

PART 635

PROGRAM-CONTENT-AND-GUIDELINES-FOR-TITLE-XFAMILY PLANNING SERVICES CODE

Section	
635.10	Legislative Base
635.20	Administration
635.30	Definitions
635.35	Incorporated Materials
635.40	Standards and Policies for Personnel of Delegate Agencies
635.50	Standards for Facilities of Delegate Agencies
635.60	Financial Management Systems and Audits of Delegate Agencies
635.70	Charges and Billing Procedures for Delegate Agencies
635.80	Written Policies, Protocols and Procedures of Delegate Agencies
635.90	Required Services
635.100	Referrals and Follow-Up
635.110	Quality Assurance
635.120	Clinic Schedule
635.130	Clinic Management
635.140	Community Education, and Information and Education Advisory Committee
635.150	Family Participation Plan
635.160	Applications
635.170	Reporting Requirements
635.180	Termination
635.190	Review Under Administrative Review Law
Appendix A	Illinois Family Planning Clinic Visit Record
Appendix B	A Guide to Cost Analysis Developing Cost Based Fees and Sliding Fee Scale
Appendix C	Family Planning Services Application Packet
Appendix D	Instruction Manual For the BCHS Common Reporting Requirements

AUTHORITY: Implementing and authorized by Section 55 of "The Civil Administrative Code of Illinois" (Ill. Rev. Stat. 1987, ch. 127, par. 55).

SOURCE: Emergency rule adopted and codified at 7 Ill. Reg. 8364, effective July 6, 1983, for a maximum of 150 days; emergency expired December 3, 1983; adopted at 7 Ill. Reg. 16955, effective December 9, 1983; amended at 14 Ill. Reg. _____, effective _____.

Section 635.20 Administration

- a) Planning for all Maternal and Child Health (MCH) programs, including family planning services, is the responsibility of the

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

Illinois Department of Public Health (Department). The Department will develop a program plan for maternal and child health services each year which will assess current needs within the State and provide goals and objectives for improving the health of mothers and children and for reducing infant mortality.

- b) Highest priority for funding will be given to those areas in Illinois having high concentrations of low-income or marginal-income families and underserved areas. The Department shall fund delegate agencies which will provide family planning services consistent with the intent of Family Planning legislation.
- c) The Department will arrange for the provision of family planning services through agreements with delegate agencies. Each delegate shall be required to enter into a written agreement with the Department prior to the project period.
- d) Agencies eligible to apply for funding must be recognized by the Department, i.e. public or private not-for-profit organizations having documented capability of administering and providing qualified family planning services. Each delegate shall operate according to an approved plan written in accordance with this Part which is consistent with Federal and State regulations Regulations the X and its (see Section 635.30).
- e) The Department will annually evaluate the need for family planning services by using inspections, records and reports in order to develop a statewide plan for the effective and efficient provision of family planning services. Inspections will involve an on-site review of delegate agencies to ensure that implementation of program plans, which are required, are consistent with this Part.

(Source: Amended at 14 Ill. Reg. _____, effective _____)

Section 635.30 Definitions

"Agreement" means the written contract between the Department and delegate agency prepared by the Department and authorized by both parties.

"Delegate agency" means a public or private not-for-profit entity which provides family planning services under a negotiated written agreement with the Department.

"Family" means a social unit composed of one person, or two or more persons living together, as a household.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

"Family planning services" means those medical, social, educational and referral services related to the avoidance, achievement, timing or spacing of pregnancy.

"Federal and State Regulations" Rules-and-Regulations governing state-X-Grants-Family Planning Services means printed regulations found in the following sources:

42-CFR-Part-50.104(a)-(b)(2),-(b)(3)-(b)(4);-50.105(b)
 7.
 (e)-(-)51-59-13-12;-Subpart E-June-3,-1980+42
 CFR 5; 43 CFR, Subpart B, 50.201-50.209;
 1978; 45 CFR, Part 16, Page 19, Page 50,
 Part 74 June-9-1981;-Page 80, Page 81,
 Part 84 and Page 90;-and-48-CFR-700-(February-17,
 1993).

"Low income family" means a family whose total annual income does not exceed 100 percent of the most recent DHHS Income Poverty Guidelines 54 FR No. 31, February 16, 1989(48CFR7010-February-17, 1989).

"Marginal income family" means a family whose total annual income is above 100% and does not exceed 250%^{100%} of the most recent DHHS Income Poverty Guidelines.

"Program Income" means gross income earned by a delegate agency and budgeted in the award period for activities described in the project and generated from activities which are performed as a result of that delegate agency having received a grant from the Department. Such income shall include fees for services performed and proceeds from the usage or rental of equipment funded by the grant. Revenues received from taxes, levies, and fines are not considered program income. However, the receipt and expenditure of such revenues shall be recorded as part of the grant or subgrant project budget when such revenues are specifically earmarked for the project's Family Planning Program.

"Project Funds" means all sources of money related to the family planning services program and identified in the agency's family planning budget.

"Satisfactory Performance" means having met or exceeded the program objectives of serving a target population of which 85 percent of the unduplicated users are at or below 150 percent of poverty, as set by the state agency in their agreements with delegate agencies and meeting both the clinical and administrative indicators of the Bureau of Community Health Services (BCHS) of Common Reporting Requirements (BCRR).

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

"Underserved area" means geographic areas (county or Chicago Community Area) where less than 80 percent of the estimated number of women in need of family planning services are being served.

(Source: Amended at 14 Ill. Reg. _____, effective _____.)

Section 635.35 Incorporated Materials

The following materials are incorporated or referenced in this Part:

a) Federal Statutes and Regulations:

- 1) Family Planning Services and Population Research Act of 1970, Public Law 91-572, 42 U.S.C. 300 (a)(6)(a).
- 2) Poverty Income Guidelines, 54 FR No. 31, February 16, 1989.
- 3) Title VI, Civil Rights Act of 1964, 42 U.S.C. 2000e et seq.
- 4) 42 CFR 59; 43 CFR, Subpart B, 50.201-50.209; 45 CFR 16, 19, 50.59.5, 74, 80, 81, 84, 90 (1988).
- 5) Accreditation Manual for Hospitals (1989). The Joint Commission on Accreditation of Healthcare Organizations, 875 North Michigan Avenue, Chicago, Illinois 60611.

b) State of Illinois Statutes and Regulations:

- 1) The Ambulatory Surgical Treatment Center Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 157-8.1 et seq.).
- 2) "AN ACT in Relation to State finance" (Ill. Rev. Stat. 1987, ch. 127, par. 151a).
- 3) The Internal Auditing Act (Ill. Rev. Stat. 1987, ch. 127, par. 136.1 et seq.).
- 4) Administrative Review Law (Ill. Rev. Stat. 1987, ch. 110, par. 3-101 et seq.).
- 5) Minimum Qualifications for Public Health Personnel Employed by Full-Time Local Health Departments (77 Ill. Adm. Code 600).
- 6) Ambulatory Surgical Treatment Center Licensing Requirements (77 Ill. Adm. Code 205).

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 7) State of Illinois Travel Regulations (80 Ill. Adm. Code 2800).
- 8) Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100).

c) Other Materials

- 1) Professional Standards of American Institute of Certified Public Accountants (Volume 1, Section 150, November 1987), American Institute of Certified Public Accountants, 101 Avenue of the Americas, New York, New York 10036-8770.
- 2) "Program Guidelines for Project Grants for Family Planning Services" published by the U.S. Department of Health and Human Services (U.S. G.P.O. 1981, 0-341-166/6348), U.S. Department of Health and Human Services, Public Health Service, Health Services Administration, Bureau of Community Health Services, Office for Family Planning, 5600 Fishers Lane, Rockville, Maryland 20857.
- 3) Department of Health and Human Services Instruction Manual for BCHS Common Reporting Requirements (1982). U.S. Department of Health and Human Services, Public Health Service, Health Services Administration, Rockville, Maryland 20857.
- 4) BCHS Ambulatory Health Care Standards. U.S. Department of Health and Human Services, Public Health Service, Health Services Administration, Bureau of Community Health Services, Rockville, Maryland 20857.
- 5) Accreditation Manual for Hospitals (1989). The Joint Commission on Accreditation of Healthcare Organizations, 875 North Michigan Avenue, Chicago, Illinois 60611.

(Source: Added at 14 Ill. Reg. _____, effective _____.)

Section 635.40 Standards and Policies for Personnel of Delegate Agencies

- a) The qualifications of persons employed by delegate agencies shall meet as a minimum the Department's rules and policies concerning "Minimum Qualifications for Public Health Personnel Employed by Full-Time Local Health Departments (77 Ill. Adm. Code 600)." Delegate agencies must have a medical director who is a physician licensed to practice medicine in all its branches with Obstetrics/Gynecology training or experience in the delivery of family planning services. The medical director shall be

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

responsible for and supervise the medical care component of the program and approve written policies under which physicians, nurse practitioners, certified nurse midwives, nutritionists and physician assistants provide family planning services. Staff shall possess the appropriate licensure to perform their duties. Copies of licenses must be on file at the agency. All professional staff who require licensure or certification must be licensed or certified by the Illinois Department of Registration and Education. Any person employed at an individual delegate agency prior to July 6, 1983, may continue to serve at that agency only; even though the person/she may not meet the qualifications cited above.

- b) Delegate agencies shall have written personnel policies which are in compliance with Title VI, the Civil Rights Act of 1964, (42 U.S.C. 2000e et seq.), available and distributed to all personnel. These shall include staff recruitment, selection, performance evaluation, promotion, termination, compensation, benefits, organizational chart and grievance procedures. All agencies shall also ensure:

- 1) That personnel records are kept confidential;
- 2) That personnel policies shall assure that no persons shall be subjected to discrimination on the grounds of age, handicap, race, color, creed, religion, sex or national origin. Affirmative action shall be taken to ensure equality of opportunity in all aspects of employment. Annual comprehensive reviews of operating procedures shall be made to assure that practices continue to be in conformity with the above requirements;
- 3) That written job descriptions must be on file for each position are available for all positions. They must be and that these are reviewed at least annually and updated if changes in duties have occurred when necessary to reflect changes in duties; An annual review of job performance must be conducted for each staff member;
- 4) That an evaluation and review of job performance of all project personnel be conducted annually;
- e) That orientation and new staff, as well as in-service training of all staff, must be provided as required. An in-service training policy and plan for skill development and documentation of staff attendance at continuing education activities and other training sessions must be maintained by the delegate agency as well as a detailed plan for in-service

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

training.

(Source: Amended at 14 Ill. Reg. _____, effective _____)

Section 635.50 Standards for Facilities of Delegate Agencies

Clinic facilities of delegate agencies shall be located in areas accessible to clients and should be open at times convenient to those seeking service. Provisions must be made for access by handicapped persons. All facilities must meet applicable local fire and building codes (as evidenced by documentation of approval of authorities charged with enforcing those codes), must provide adequate space, and must ensure privacy for examination and counseling services and must comply with the BCHS Ambulatory Health Care Standards. In addition, all hospital based providers must meet the Joint Commission of Accreditation of Standards for Ambulatory Care Services. If surgical procedures are to be performed, the facility must be in full compliance with the State's Ambulatory Surgical Treatment Center Licensing Act and rules pursuant thereto (111-Rev. Stat., 1981, et seq.).

(Source: Amended at 14 Ill. Reg. _____, effective _____)

Section 635.60 Financial Management Systems and Audits of Delegate Agencies

- a) Budgets - All delegate agencies and potential delegate agencies shall submit a budget proposal for each fiscal year for approval by the Department based on subsection (b) of this Section 635-60(b). This budget must include all program income related to family planning, which must be retained by the delegate agency and used for program purposes. Any changes in the budget must be submitted in writing to the Department. All proposed changes must specify the amount of dollars involved, the type of change requested and the reason for the change. At least ten percent of the budget must come from sources other than the Family Planning Program grant award.

- b) Use of project funds - Funds will be used only for the direct cost of administering, operating and maintaining a project. The following direct costs are examples of those which may be incurred when specified in the Agreement:

- 1) Personal services costs, including salaries and fringe benefits for full-time and part-time employees of the project.
- 2) Fees for consultants, specialists and other operating contractual requirements, pursuant to Section 15 of "AN ACT in relation to State finance" (111-Rev. Stat., 1981, ch. 127, par. 151a) exclusive of consultant services for

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

patient care.

- 3) Travel of personnel, consultants and specialists in carrying out the activities approved for the applicant's program. Travel costs are the expenses for transportation, lodging, and subsistence for personnel who are on travel status on official business for the organization. Such costs will be charged on an actual basis, i.e., mileage and per diem when necessary; however, reimbursement shall not exceed the maximum rate established in the Travel Regulations promulgated by the Department of Central Management Services (80 Ill. Adm. Code 30002800) effective on the date of travel, unless otherwise agreed upon and specified in the contract drawn between the applicant agency and the Department.

- 4) Supplies/commodities (Ill. Rev. Stat., 1981, Ch. 127, par. 151b), as required in the operation of the project, which are directly related to its operations.

- 5) Direct costs of installation, operation and maintenance of equipment previously included in the project application and directly related to the provision of the service(s) funded. All equipment purchased in total or in part with project funds shall be the property of the Federal Government. A complete and current inventory of equipment shall be maintained and be available for audit. No property shall be sold, leased, or otherwise disposed of without prior written authorization from the Department ("equipment" as defined in "AN ACT in relation to State finance" Ill. Rev. Stat., 1981, Ch. 127, par. 156).

- 6) Purchase of outpatient care.

c) Program Income

- 1) Program income shall be retained by the delegate agency and used to fund project activities.
- 2) The delegate agency may charge recipients for services not required in Section 635.90, that are provided by the project, but must apply a schedule of discounts consistent with requirements of Section 635.70(b), and 635.70(c) and 635.160(e) of this Part and 45 CFR 59.5(a)(8).

- d) Reimbursement Procedures -- Delegate agencies shall request reimbursement by submission of a State of Illinois invoice voucher and the format for Project Billing sheet which are

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

available from the Department.

- 1) Delegate agencies with funding in excess of \$50,000 service grants shall submit billings monthly receive reimbursement based upon client service information submitted to the Department's agent through an automated clinic visit record system. The only exception of this Part, all others must submit billings at least quarterly, although any agency may submit monthly billings.

- A) The Department will reimburse the delegate agency at the rates shown for those family planning services listed in Appendix C of this part.

- B) Service information for July 1st through December 31st shall be submitted no later than February 5th of the contract year. Service information for January 1st through June 30th of the contract year shall be submitted no later than August 5th of the contract year.

- C) Payments shall be made to the delegate agency based upon monthly billings prepared by the Department's agent.

2)

- A) Billings must be submitted on the Project Billing Form within 30 days of the end of the billing period, except for the final billing at the end of the fiscal year, which must be submitted within 4560 days of the end of the period.

3

- B) Delegate agencies must identify each expenditure submitted for reimbursement with a voucher or check number in order to maintain a clearly defined audit trail. All expenditures relating to the Family Planning Act-funded program must be traceable through the delegate agency's internal record system. Invoices, bills, purchase orders, etc., must be attached or cross-referenced on the agency vouchers or check stubs and kept on file for three years beyond the end of the grant award period.

4

- C) Expenditures must be documented by dates of issue of voucher or check, name and address of organization or individual to whom payment was made, and purpose of

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

the expenditure. For periodic charges such as salaries, fringe benefits, rent, utilities, etc., the time period covered must be documented.

- 5 D) In cases in which references to patients must be made to maintain an audit trail, agencies shall use record numbers or other means of identification rather than patient names.

- 6 E) The delegate agency director or her/his authorized agent must sign the reimbursement request.

- 3) Delegate agencies will receive sterilization reimbursement based upon submission and program approval of sterilization consent and request for financial assistance.

- e) Audits - Audits of the delegate agencies will be conducted at least every two years and will be performed in accordance with the following standards such as, but not limited to, "Internal Auditing Act" "An Act relating to internal auditing in State government" (Ill. Rev. Stat., 1981, ch. 127, paras. 136-1 through 136-4), in accordance with the standards promulgated by the Comptroller-General of the United States General Accounting Office (45 CFR 74, Appendix G & H), June, 1982, and the Professional Standards of the American Institute of Certified Public Accountants (Volume I, Section 150, November, 1982). Interim audits of the delegate agencies may be conducted at any time by the Department to ensure fiscal/compliance integrity. Agencies shall retain, for at least three years after the end of the grant period, all financial records of expenditures, third-party reimbursements and other program income, and inventory records of all equipment with a unit cost in excess of \$50,000.00 purchased from project funds.

(Source: Amended at 14 Ill. Reg. _____, effective _____)

Section 635.70 Charges and Billing Procedures for Delegate Agencies

- a) Cost Analysis - An annual cost analysis of required services shall be completed by each delegate agency utilizing methodology prescribed by the Department in the Guide to Cost Analysis, Developing Cost Based Fees and Sliding Fee Scale is Appendix B of this Part which categorizes actual expenses to services rendered.

- b) Charges - persons with incomes at or above 250 percent of poverty level are to be charged the full cost for services received, based on the delegate agency's cost analysis. Low

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

income persons are not to be charged for the services provided. No one may be denied services due to an inability to pay. Charges for services provided to minors who request that parents or guardians not be informed must be based on the resources of the minor. Each delegate agency shall have written policies regarding the procedure to be used to determine the appropriate fee discount for marginal income families, who will be responsible for determining a client's discount, what information shall be collected to determine discount and how that information will be recorded in the client's record, procedures for updating client information, and who is responsible for notifying the client of charges.

- c) Billing - Bills to clients shall show total charges less allowable discounts. Every reasonable effort to collect bills must be made; however, client confidentiality must be preserved in any such attempts. Third parties (including a governmental agency) must be billed in full to the extent they are authorized to or are under legal obligation to pay the charge.

(Source: Amended at 14 Ill. Reg. _____, effective _____)

Section 635.80 Written Policies, Protocols and Procedures of Delegate Agencies

- a) The delegate agency must develop written policies, protocols and procedures for family planning services. Written policies, protocols and procedures under which physicians, nurse practitioners, certified nurse midwives, and physician assistants and nutritionists provide family planning services must be approved by the delegate agency's medical director.

- b) Policies regarding eligibility for services shall not exclude anyone on the basis of duration of residency, age, race, marital status, religion, color, national origin, creed, handicap, sex, number of pregnancies, method of referral, or contraceptive preference. Services shall be provided only on a voluntary basis. These documents shall be updated as needed based on current state of the art in family planning and Federal and State Regulations. Agency protocols will be subject to intensive review at site visits by Department staff to determine their completeness and compliance with this Part's program requirements and standards.

- c) Written policies, protocols and procedures must include:

- 1) Intake procedures for new clients
- 2) Patient education

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 3) Obtaining written informed consent
- 4) Schedule and content of visits

- A) Initial
- B) Annual

- C) Scheduled return visits, specific to type of method of contraception

- D) Problem visits, specific to type of problem

- 5) Counseling procedures

- 6) Referral procedures

- 7) Follow-up procedures for appointments, failed appointments, and referrals

- 8) Maintenance of client records

- 9) Approved medical orders

- 10) Maintenance and distribution of pharmaceuticals

- 11) Organizational structure of the unit and functional responsibilities of medical, nursing and ancillary personnel

- 12) Medical Procedures

- A) Pap smears and gonorrhea cultures
- B) Intrauterine device (IUD) insertions
- C) Fitting diaphragms/cervical caps
- D) Treatment of sexually transmitted diseases (STD)
- E) Initiating oral contraceptives
- F) Laboratory procedures
- G) Treatment of minor gynecologic problems
- H) Other medical procedures performed

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 13) Release of patient records
- 14) Emergency procedures

(Source: Amended at 14 Ill. Reg. _____, effective _____)

Section 635.90 Required Services

Delegate agencies are required to deliver the following services and components either directly on-site or by referral. Minimum requirements for routine contraceptive management which shall be met are included in "Program Guidelines for Project Grants for Family Planning Services" published by the U.S. Department of Health and Human Services (HHS-6-P-0-1981-0-241-366/5248 and 45 CFR 59.54b)(1-2-6). Abortions shall not be provided by delegate agencies as a method of birth control.

a) Client education

- 1) Male and female anatomy and physiology

- 2) Conception - the importance of prenatal care, and risks associated with childbearing at the extremes of the reproductive age span i.e. less than 17 years of age and over 34 years of age

- 3) Contraception - including action, effectiveness, use benefits, risks and side effects, and complications of each

- A) Male and female sterilization

- B) Oral contraceptives

- C) IUDs

- D) Contraceptive sponge

- E) Foam and condoms and vaginal contraceptive film

- F) Diaphragm and cream/jelly (cervical cap if available)

- G) Natural family planning (NFP)
(ovulation/ky/hm/sympto-thermal)

- H) Withdrawal

- I) Post-coital contraception (i.e., Diethylstilbestrol (DES))

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

J) Abstinence

4) Human immune deficiency virus/AIDS education

b) Counseling

1) Method selection

2) Compliance with treatment

A) Method used

B) Return appointments

C) Follow through with referrals

3) Special Counseling

A) Nutrition problems

B) Sexual/social problems

C) Pregnancy options

D) Genetics

E) Sterilization

c) Examination

1) History

A) Initial history

1) Menstrual history including age of menarche, when periods became regular, date of last normal menstrual period, abnormal periods or intermenstrual bleeding

1i) Past medical/surgical history including allergies, sexually transmitted diseases (STD), immunizations, (especially rubella status), medications, review of systems

1ii) Pertinent history of biological parents and immediate family including heart disease, strokes before age 50, high blood cholesterol or

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

fats, kidney disease, diabetes, high blood pressure, cancer, genetic problems
Reproductive history

iv)

Reproductive history including sexual activity, age at first intercourse, frequency of intercourse, number of pregnancies, outcome, complications and weight of infant at birth

v)

Social history including sexual activity, age at first intercourse, frequency of intercourse, number of partners, and drug/tobacco use/abuse

vi)

Contraceptive history including methods used, length of use, major side effects and complications in utero-exposure-to-DES

vii)

In utero exposure to diethylstilbestrol (DES)

B) Interim history

i) Interim medical/surgical history

ii) Assessment of any side effects of contraceptive, specific to method used

iii) Menstrual history

2) Physical Exam

A) Initial exam and annual exam

i) Height and weight

ii) Blood Pressure

iii) Thyroid

iv) Heart

v) Lungs

vi) Abdomen

vii) Extremities

viii) Breast with instruction in self-breast exam

ix) Pelvic exam, including external genitalia;

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

speculum exam including vagina, visualization of cervix; bi-manual exam including uterus, adnexa; and rectal exam, as needed and indicated

B) Special return visits

- i) Intrauterine device (IUD) - abdominal palpation, bi-manual exam and speculum exam for visualization of IUD string every 4-6 weeks (two to six weeks after insertion)
- ii) Pill - Blood pressure with interim history after initial three months of use, after second three months of use, again after six months of use (3-3-7) and then every six months thereafter alternating with annual exams (6-7)
- iii) Diaphragm/cervical cap - pelvic-to recheck fit (approximately two weeks after initial fitting)
- iv) Problem visit - review of related system(s), appropriate laboratory tests
- v) Gonorrhea culture as indicated (previous history of Pelvic Inflammatory Disease (PID), previous history of Gonorrhea Culturing (GC), potential exposure, symptoms, multiple partners)

3) Laboratory/lab tests

A) Initial visit

- i) Hemoglobin or hematocrit
- ii) Pap smear
- iii) Gonorrhea culture for clients requesting IUD insertion, for those with high potential for exposure, or on request
- iv) Urinalysis for protein and glucose

B) Annual visits

- i) Hemoglobin or hematocrit
- ii) Pap smear

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- iii) Gonorrhea culture for clients with ~~as indicated~~ (previous history of pelvic inflammatory disease (PID), previous history of gonorrhea culturing (GC), potential exposure, symptoms, multiple partners), new partner(s), on client request and clients requesting IUD insertion

C) Special tests as indicated

- i) Pregnancy test
- ii) Wet smear
- iii) Urine culture and sensitivities
- iv) Blood sugars
- v) T₃, T₄, TSH (thyroid hormones)
- vi) White blood count (WBC) and differential
- vii) Rubella titer if not known
- viii) Sick cell screen if indicated and not known
- ix) Herpes titer/culture
- x) Blood group and Rh type
- xi) VDRL/RPR/serology (test for syphilis) ~~serology~~
- xii) Liver studies
- xiii) Chlamydia test

d) Infertility services

- 1) Initial infertility history
- 2) Education
- 3) Physical exam (same as initial visit)
- 4) Laboratory tests ~~labs~~ (same as initial visit)
- 5) Counseling

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- e) Referral as indicated
- Pregnancy Services
- 1) Pregnancy testing
 - 2) History and physical exam for confirmation
 - 3) Nondirective counseling on all options if test is positive, and referral as requested
 - 4) Family planning information if test is negative

f) Adolescent Services

- 1) Counseling in all methods
- 2) History and physical exam as indicated including laboratory tests
- 3) Parental involvement via agency plan for family participation and as required by applicable Federal and State Regulations and administrative rules promulgated pursuant thereto

g) STD Services

- 1) Laboratory lab screenings
- 2) Reporting of positive cases to the State STD Program or its designated agent as required by State or local ordinance

3) Education, counseling, treatment and follow-up of infected individuals

4) Follow-up of contacts for testing/treatment

h) Identification and follow-up of Diethylstilbestrol (DES) exposed clients

- 1) DES history for clients born between 1940 and 1970
- 2) Counseling of exposed individuals regarding potential risks/problems
- 3) Colposcopy or referral for exposed females

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

(Source: Amended at 14 Ill. Reg. _____, effective _____)

Section 635.110 Quality Assurance

A system of quality assurance shall be established by each delegate agency. The quality assurance system, at a minimum, will include a monthly chart review audit to evaluate the completeness of records and compliance of services with approved medical standards and protocols, annual staff evaluation to ensure quality of services, utilization of community needs assessment to ensure targeting of services, log book for documentation and follow-up of referrals, documentation and follow-up for patients with abnormal findings, and a methodology to provide follow-up for patients with failed appointments.

(Source: Amended at 14 Ill. Reg. _____, effective _____)

Section 635.130 Clinic Management

- a) Equipment and supplies used in the facility must be safe and adequate in number for the clinic size. Supplies such as syringes, needles and pharmaceuticals must be kept in a secure place with access limited to appropriate agency medical and laboratory staff per agency protocol. An inventory shall be maintained of all supplies.
- b) Prescriptions must be filed and filled, or medication must be supplied under the order of the delegate agency's medical director. Emergency drugs for resuscitation must be on hand and readily available to the examination rooms for use if needed. If rubella vaccines are not provided by the agency, information concerning treatment for the client must be provided.
- c) Medical records must be maintained in a systematic, complete, and confidential fashion. These records shall include at a minimum personal data including mechanism for client contact, history, physical exam, lab test, referral with notations regarding follow-up, problem lists, counseling session notations, telephone contacts between client and agency, and educational checklist. All entries in progress notes, physical exams and histories must be signed by the clinician performing the service. Signed informed consent forms must be on file for all treatments and procedures performed.

(Source: Amended at 14 Ill. Reg. _____, effective _____)

Section 635.140 Community Education, and Information and Education Advisory Committee

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

a) Delegate agencies are required to plan and implement a community education program which shall be supportive to the acceptance and use of family planning services based on a community needs assessment.

b) Plans shall include:

1) A listing of local entities which serve persons of reproductive age such as clinics, mental health facilities, health departments, churches, hospitals, schools, youth organizations, and other volunteer and community organizations;

2) A curriculum and schedule of contact offer in-service training for the staff of the above agencies to provide information on the purpose of family planning, to assist them in assistance with client counseling, and to develop referral linkages; and to offer public education programs;

3) Provisions for information campaigns to inform the potential user groups of the availability and accessibility of family planning services; and

4) Provision for a community education program to provide information on the benefits of family planning services as well as to provide encouragement to parents to be actively involved in parent involvement in the reproductive health education of their children.

c) Each delegate agency shall have an Information and Education Advisory Committee composed of individuals representative of the community served and knowledgeable about family planning services. The Committee shall have at least five and no more than nine members. The function of the Committee is to review and approve all materials prepared for family planning program clients and/or community information or education. The Committee will be responsible for assuring the accuracy of facts presented and the suitability of the material for the intended audience. Copies of minutes of Committee meetings must be kept on file at the delegate agency and submitted annually to the Department.

(Source: Amended at 14 Ill. Reg. _____, effective _____)

Section 635.150 Family Participation Plan

a) Each delegate agency must prepare and implement a plan and

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

procedures to encourage families to participate in the education, counseling, and contraceptive activities of their children who are agency clients.

b) Examples of activities which plans may include are:

1) Special education sessions for parents;

2) Workshops for parents on sexuality education of their children;

3) Encouraging minors to bring their parents with them on clinic visits; and

4) Special counseling procedures for adolescents requesting services concerning parental involvement.

(Source: Amended at 14 Ill. Reg. _____, effective _____)

Section 635.160 Applications

a) Distribution of Applications

1) All application materials will be developed and distributed by the Department to existing agencies or new projects in underserved areas based on need in the service area, experience in provision of services and plans to accomplish goals. These are included as Appendix C of this Part.

2) Distribution of application materials will occur on or before March 15th of the prior grant year.

ba) Processing of Applications

1) All forms will be provided by the Department. These are included as Appendix C of this Part.

2) Applications forms shall be submitted to the Department no later than thirty days from the date of distribution no later than the beginning of the funding period.

3) The Department shall review the applications and request any additional information from the applicant, as necessary to complete or clarify the application.

4) Upon review of the application and recommendations from staff, the Director shall award grant funds to the approved applicants. The Department may award funds

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

for amounts less than requested in the grant application contingent upon the number of applications, Federal funding levels, and State appropriation set.

- 5) The Department will communicate final decisions to each applicant within 45 days of receipt of the completed application or upon notification of appropriation of funds.

b) Continuing Applications

Continuing applications shall include progress reports and proposed revisions to the delegate agencies' project plan and budget submitted annually. Statements of progress shall be based upon goals, objectives and purposes set forth in the applicant's plan and shall be correlated with evaluation reports developed pursuant to Section 635.20(c), made by the Department.

Budget

- 1) As part of the project application, all applications shall submit a budget proposal for the project period. The budget proposal shall be submitted on forms provided by the Department and shall include all information required in the instructions for their completion. This basic format may be adapted by the individual project to meet its particular programmatic needs, but shall not alter, omit or reduce in detail the information required in this Part.

- 2) The budget shall be divided into major categories and items of cost expenditure. Not all categories and items will apply to all projects. In preparing its budget, each project should use only those categories and items applicable to its own operation, including justification for all equipment purchases, travel, etc. 1981-82-127, par. 149.

de) Revisions

- 1) All changes in any delegate agency's project plan and/or budget reflecting increases or decreases in the IDPH grant award, must be submitted in writing and must be determined by the Department to be in compliance with this Part, prior to the implementation of such change.
- 2) Each proposal for change shall include, at a minimum, a description of the proposed change and a justification stating why such change is necessary. Budget revisions shall specify the number of dollars involved, the type of

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

changes proposed, and the reasons therefor. Telephone requests for emergency changes will be considered in accordance with this Part. All approved telephone requests shall be followed by written documentation, as set forth above, prior to reimbursement.

- 3) Revisions may be required by the Department pertaining to a project's funding, duration and amount contingent upon changes in Federal and/or State funding allocations to the Department. Delegate agencies will be notified in writing of any required revisions.

(Source: Amended at 14 Ill. Reg. _____, effective _____)

Section 635.170 Reporting Requirements

All reports will be submitted on forms provided by the Department excluding the Information and Education Advisory Committee minutes. Delegate agencies are required to submit the following in accordance with the Family Planning Program annual calendar: Delegate agencies are required to submit to the Department:

- a) A Clinic Visit Record (CVR) form provided by the Department for each client visit to the contracting computer firm. The visit form is the input document for the computer-based information system.
- b) Applicable portions of the Bureau of Community Health Services Common Reporting Requirements (BCRR) of the Department of Health and Human Services (DHHS) to the Department (Title X of the Public Health Service Act, 42 U.S.C. 1009, (a), (b), and (c). Each report shall be submitted in accordance with the DHHS Instruction Manual for the BCRR Common Reporting Requirements included as Appendix D of this Part. Late submission of this report will result in a decrease of 5% in the following year's award (42 CFR 59.6).
- c) Semiannual and annual performance reports to the Department (original and one clear copy to be submitted within 45 days of the end of the funding period) addressing the following points:
- 1) Comparison of the objectives enumerated in the approved project plan with the actual achievements of the project.
 - 2) Changes in the project; e.g., in facilities or equipment, services and activities, population served, etc.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 3) Unresolved problems, e.g., with fiscal resources, external relationships, met and unmet grant conditions etc., and issues which need to be addressed in the future.
- d) All minutes of the local Information and Education Advisory Committee activity to the Department. Expenditures shown as backup documentation on reimbursement vouchers will serve as expenditure reports.
- e) Annual inventory report identifying equipment purchased with project funds during the award period.
- f) Semiannual and annual financial status report including all funds utilized for the Family Planning Program to the Department.
- g) Quarterly reports to the Department addressing:

- 1) Community education activity;
- 2) Sterilization service activity if no annual sterilization waiver letter was provided; and
- 3) Sexually transmitted diseases (STD) testing activity.

(Source: Amended at 14 Ill. Reg. _____, effective _____)

Section 635.180 Termination

- a) All grants shall terminate on the dates specified in the contracts and shall not be extended or renewed except as provided for in this Part.
- b) A delegate agency with unsatisfactory performance for two consecutive years may have funding terminated.
- c) The grant contract may be terminated by either party the delegate agency upon a 30 day written notice to the Department. The Department will distribute unallocated monies to expand existing projects or to fund new projects in underserved areas based on need in the service area, experience in provision of services, and plans to accomplish goals.
- d) Such Notice shall be effected by registered mail, by certified mail, or by personal service setting forth the particular reasons for the proposed action and fixing a date, not less than 15 days from the date of such mailing or service, at which time the delegate agency shall be given an opportunity for a hearing. Such hearing shall be conducted by the Director or by a

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

personnel employee of the Department designated in writing by the Director as Hearing Officer to conduct the hearing. On the basis of any such hearing, or upon default of the delegate agency, the Director shall make a determination specifying his findings and conclusions. A copy of such determination shall be sent by registered mail, by certified mail, or served personally upon the delegate agency. The decision shall become final 35 days after it is so mailed or served, unless the grantee delegate agency, within such 35 day period, petitions for review pursuant to Section 635.190280.

ee) The Director, after notice and opportunity for hearing to the delegate agency, may suspend or terminate the grant in any case in which he/she finds that there is or has been a violation of ~~Article X of the Constitution of this State~~ this Part.

fe) The procedure governing hearings authorized by this Part shall be in accordance with Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100).

gf) If, however, the Department finds that:

- 1) The public interest, including financial interest, health, safety, or welfare requires emergency action; (emergency action would result from such instances as, but not limited to bankruptcy and/or insolvency, fraud, and financial instability) and;
- 2) Unless the Department receives assurances adequate to the Department from the delegate agency that grant funds held by the delegate agency are secure, and;
- 3) If the Director incorporates a finding to that effect in the order; then
- 4) Summary suspension of the grant shall be ordered pending proceedings for termination or referral to State or Federal authorities, which proceedings shall be instituted within one week of summary suspension and promptly determined.

hg) In no case where summary suspension has been ordered shall reimbursement be made to the delegate agency for costs incurred or funds expended after the date of summary suspension unless, after conclusion of the proceedings, such reimbursement or payment is ordered by the hearing officer, administrative law judge or court of competent jurisdiction.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

(Source: Amended at 14 Ill. Reg. _____, effective _____)

Section 635.190 Review Under Administrative Review Law

Whenever the Department suspends or terminates a grant the grantee may have such decision judicially reviewed. The provisions of the Administrative Review Law and the rules adopted pursuant thereto shall apply to and govern all proceedings for the judicial review of final administrative decisions of the Department hereunder.

(Source: Added at 14 Ill. Reg. _____, effective _____)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

Appendix A Illinois Family Planning Clinic Visit Record

ILLINOIS FAMILY PLANNING CLINIC VISIT RECORD

Name _____ Pl.# _____
Address _____ Phone # _____

1. FORM NUMBER C121002	
SECTION A ALL VISITS	
2. SERVICE SITE NUMBER _____	
3. PATIENT NUMBER _____	
4. DATE OF VISIT _____	
5. PURPOSE OF VISIT (check one)	
<input type="checkbox"/> 1. Initial Visit <input type="checkbox"/> 2. Annual Visit <input type="checkbox"/> 3. Routine Visit <input type="checkbox"/> 4. Problem Visit <input type="checkbox"/> 5. Special Visit <input type="checkbox"/> 6. Other	
6. DATE OF BIRTH _____	
7. PRIMARY SOURCE OF PAYMENT (check one)	
<input type="checkbox"/> 1. Medicaid Only <input type="checkbox"/> 2. No Fee (Other) <input type="checkbox"/> 3. Private Pay (Other) <input type="checkbox"/> 4. Other	
8. BILLABLE MEDICAL SERVICES	
<input type="checkbox"/> 1. Physical Exam <input type="checkbox"/> 2. Breast Exam <input type="checkbox"/> 3. Pelvic Exam <input type="checkbox"/> 4. Pap Smear <input type="checkbox"/> 5. STD Testing <input type="checkbox"/> 6. Contraception Counseling <input type="checkbox"/> 7. Other	
9. BILLABLE COUNSELING SERVICES	
<input type="checkbox"/> 1. Independent MI <input type="checkbox"/> 2. Contraception Counseling <input type="checkbox"/> 3. STD Counseling <input type="checkbox"/> 4. Pregnancy Counseling <input type="checkbox"/> 5. Other	
10. ROUTINE COUNSELING SERVICES	
<input type="checkbox"/> 1. Sterilization <input type="checkbox"/> 2. Contraception <input type="checkbox"/> 3. Intimacy <input type="checkbox"/> 4. Pregnancy <input type="checkbox"/> 5. STD <input type="checkbox"/> 6. Natural Family Planning	
11. BILLABLE CONTRACEPTIVE SUPPLIES	
<input type="checkbox"/> 1. IUD <input type="checkbox"/> 2. Pill <input type="checkbox"/> 3. Shot <input type="checkbox"/> 4. Condom <input type="checkbox"/> 5. Diaphragm <input type="checkbox"/> 6. Other	

12. SERVICE PROVIDER ENCOUNTERS	
<input type="checkbox"/> 1. Physician <input type="checkbox"/> 2. Nurse Practitioner <input type="checkbox"/> 3. Nurse <input type="checkbox"/> 4. Ed Counselor <input type="checkbox"/> 5. Nutritionist <input type="checkbox"/> 6. Social Worker	
13. METHOD AT END OF THIS VISIT (check one)	
<input type="checkbox"/> 1. Oral <input type="checkbox"/> 2. Natural Method <input type="checkbox"/> 3. IUD <input type="checkbox"/> 4. Sterilization <input type="checkbox"/> 5. Other	
14. IF NO METHOD, REASON FOR NONE (check one)	
<input type="checkbox"/> 1. Pregnant <input type="checkbox"/> 2. Other Medical Reasons <input type="checkbox"/> 3. Refusing On Partner's Method <input type="checkbox"/> 4. Other	
15. REFERRALS MADE (check up to two codes)	
<input type="checkbox"/> 1. STD <input type="checkbox"/> 2. Sterilization <input type="checkbox"/> 3. Other Medical <input type="checkbox"/> 4. Other P. Care <input type="checkbox"/> 5. Other <input type="checkbox"/> 6. Other	
SECTION B INITIALS, ANNUALS	
16. RESIDENCE CODES	
<input type="checkbox"/> 1. White <input type="checkbox"/> 2. Black <input type="checkbox"/> 3. Native American <input type="checkbox"/> 4. Asian or Pacific Islander <input type="checkbox"/> 5. Hispanic	
17. ETHNIC ORIGIN/RACE (check one)	
<input type="checkbox"/> 1. White <input type="checkbox"/> 2. Black <input type="checkbox"/> 3. Native American <input type="checkbox"/> 4. Asian or Pacific Islander <input type="checkbox"/> 5. Hispanic	
18. SEX (check one)	
<input type="checkbox"/> 1. Female <input type="checkbox"/> 2. Male	
19. EMPLOYMENT STATUS (check one)	
<input type="checkbox"/> 1. Employed <input type="checkbox"/> 2. Unemployed <input type="checkbox"/> 3. Not in the Work Force	
20. GROSS WEEKLY INCOME	
21. FAMILY SIZE	
22. SOURCE OF REFERRAL (check one)	
<input type="checkbox"/> 1. Other P. Clinic <input type="checkbox"/> 2. Hospital/Health Agency <input type="checkbox"/> 3. Private Doctor <input type="checkbox"/> 4. Social/Church Agency <input type="checkbox"/> 5. School <input type="checkbox"/> 6. Other Patient <input type="checkbox"/> 7. Family/Friend <input type="checkbox"/> 8. Media <input type="checkbox"/> 9. Home <input type="checkbox"/> 10. Phonebook	
LOCAL USE SECTION	
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

(Source: Added at 14 Ill. Reg. _____, effective _____)

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

Appendix B A Guide to Cost Analysis Developing Cost Based Fees and Sliding
Fee Scale

Illinois Department of Public Health

A Guide to Cost Analysis
Developing Cost Based Fees
and
Sliding Fee Scale

Revised 11/89
A.B.A.

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

TABLE OF CONTENTS

Page

INTRODUCTION	90
APPROACH	90
FUNCTIONAL AREAS	90
DETERMINATION OF COST PER PROCEDURE	90
PREPARE A COST OF SERVICE/FEE DETERMINATION	90
WORKSHEET FOR EACH COST CENTER	90
EXPENSE ALLOCATIONS FOR THE BCRR	90
RELATIVE VALUES	90
OPTIONAL REVENUE ANALYSIS	90
CALCULATING THE SCHEDULE OF DISCOUNTS	90
DEVELOPMENT OF A SLIDING FEE SCALE	90
ATTACHMENTS	
ATTACHMENT A: SAMPLES OF ADMINISTRATIVE COSTS	90
ATTACHMENT B: MEDICAL COST CENTER WORKSHEET	90
ATTACHMENT C: LABORATORY COST CENTER WORKSHEET	90
ATTACHMENT D: PHARMACY COST CENTER WORKSHEET	90
ATTACHMENT E: EDUCATION/COUNSELING COST CENTER WORKSHEET	90
ATTACHMENT F: POVERTY INCOME GUIDELINES - CLIENT FEE DISCOUNT CATEGORIES	90
ATTACHMENT G: SLIDING FEE SCALE	90

LIST OF EXAMPLES

ALLOCATION OF MONIES FOR BCRR	90
COMPLETED BCRR FROM ABOVE ALLOCATIONS	90
DETERMINATION OF COST PER PROCEDURE	90
FEE DETERMINATION WORKSHEETS	90
Medical	90
Laboratory	90
Pharmacy	90
Education and Counseling	90
POVERTY INCOME GUIDELINES - CLIENT FEE DISCOUNT CATEGORIES	90
SAMPLE SLIDING FEE SCALE	90

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

COST BASED FEES

INTRODUCTION

Federal regulations require that each family planning project have a schedule of fees for the services it provides. You must develop realistic fees which reflect the cost of operation, yet are competitive to the local market. There must be a corresponding schedule of discounts which will be used by individuals based on their ability to pay.

It is now necessary for family planning providers to concentrate on management plans which will provide them with the information to develop, implement and analyze their efficiency, thus controlling costs. Only agencies with a sound financial management plan will remain financially viable.

The object of this manual is to help you determine the cost of providing services and setting the fees to be charged using Bureau of Community Health Services Common Reporting Requirements (BCRR) data with some modifications and utilization data provided by your CVR's.

Costs will come from using the financial information you reported in the various cost centers of your BCRR, Table 6, Column g. We would suggest completing the expense allocations pages, 8 through 17, to check the accuracy of your allocations on the BCRR and to insure accurate fees.

Utilization figures must be collected over the same period as the reported

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

costs. Specific procedure data, not encounter data, must be used, since the purpose is to derive a cost per procedure. An actual count of your procedures over a specific time period may be obtained from your population profile as reported from your CVR's or you may use a daily log of clinic activity.

APPROACH

Rates charged for each service should reflect both direct and indirect costs.

Direct costs include expenses associated with providing patient care (i.e., physician, nursing, supplies, etc.) plus an amount of overhead or indirect costs which are expended to support direct patient care (i.e., administration, housekeeping, rent, etc.). In order to arrive at a true cost you must include the value of donated goods and services. You have allocated your overhead or indirect costs to the various cost centers on Table 6, worksheets A and B (administration, facility costs and fringe benefits) so that the amount on Table 6, column g in each cost center represents your total costs. Examples of administrative and facility costs are Attachment A.

There are seven steps in the development of cost based fees:

1. Identify the functional cost centers.
2. Identify services provided in each cost center.
3. Collect utilization data on services provided.
4. Collect direct cost data for each functional cost center.
5. Allocate overhead costs to functional cost centers.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

6. Determine total units of service provided.
7. Determine cost of each service.

FUNCTIONAL AREAS

The health care functional areas within a family planning program represent a separation of functions within the program. A typical family planning program will provide services within four functional areas:

A. MEDICAL (CLINIC) OPERATIONS

Medical services delivered in providing a family planning method of a patient, and the diagnosis and treatment of related problems; excludes x-ray, laboratory and pharmacy services.

B. LABORATORY

Laboratory services provided by the family planning program including specimen collection and preparation for referral to outside laboratories.

C. PHARMACY

Services provided in the dispensing of contraceptives and medications to the family planning patient.

D. HEALTH EDUCATION/COUNSELING

Services provided to the client or prospective client for family planning related problem resolution or information. Includes tubal ligation counseling, fertility awareness and similar services.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

DETERMINATION OF COST PER PROCEDURE

The purpose of this step is to distribute health care costs to particular procedures to derive the unit cost of each procedure. The cost per procedure should be computed for all procedures. The cost per procedure information is useful for managers in establishing charges and for analyzing the benefit of continuing to provide specific services. There may be some cases in which the cost per procedure requires a charge so far above the competitive rate (what other providers in the area would charge for that service) that the charge is prohibitive. This should be a signal to management that steps must be taken to lower costs in the future or consideration should be given to phasing out that service and making alternative arrangements.

In order to determine the cost you must define the specific procedures performed in each cost center and determine how many times or frequency the procedure is performed. We have assigned relative values to procedures on page 18.

Prepare a Cost of Service/Fee Determination Worksheet for each cost center.

See Attachment B, C, D and E.

MEDICAL COST CENTERAttachment B

1. Column A - List procedure.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

2. Column B - List Service Utilization/Frequency of Procedure.

3. Column C - List Relative Value for Procedure from Page 18.

4. Column D - Column B x Column C. Total Column D.

5. Column E - Cost center amount from BCRR Table 6, Column G, line 1.

6. Column F - Total Column E divided by total Column D. This gives you your average cost/service unit which is listed for each line item.

7. Column G - The dollar amount in Column F times each RVS of Column C. This amount represents the cost for each specific service.

8. Column H - Cost of living allowance (COLA). Use the most recent consumer price index provided by IDPH.

9. Column I - Adjusted cost equals cost/service in Column G times Column H, cost of living allowance (COLA)% plus 100%.

Example:

$$\text{---} \$10.00 \times 105\% = \$10.50$$

10. Column J - The full fee to be charged and should approximate Column K.

For convenience round up to nearest dollar.

LABORATORY COST CENTERAttachment C

1. Column A - List lab services provided.

2. Column B - List Service Utilization/Frequency of Procedure.

3. Column C - List Relative Value for Procedure from Page 18.

4. Column D - Column B X Column C. Total Column D.

5. Column E - Cost center amount from BCRR Table 6, Column G, line 2, minus

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

the cost of PURCHASED OUTSIDE LABORATORY TESTS equals adjusted total cost/cost center. OUTSIDE LABORATORY TESTS ARE THOSE TESTS NOT PERFORMED BY THE AGENCY. This does not include collection of specimens. (See page 11 for further definition of "Outside Laboratory Tests")

6. Column F - Total adjusted cost center, Column E, divided by total service units. Column D, equals Column F, the average cost/service unit.

7. Column G - Adjusted cost/service equals the dollar amount in Column F times each relative value of Column C. This amount represents the cost for each specific service. Column F X Column C.

8. Column H - Enter the per unit purchase expense of OUTSIDE LABORATORY TESTS on the appropriate line or lines. This additional purchase expense applies only to designated tests. See designated list on page 12.

For nondesignated test, Column H equals ZERO.

9. Column I - Total base cost equals adjusted cost/service plus per unit purchase expense. Column G + Column H.

10. Column J - Cost of living allowance (COLA). Use the most recent consumer price index provided by IDPH.

11. Column K - Adjusted cost equals total base cost in Column I times Column J, cost of living allowance (COLA)% plus 100%.

Example:

$$\$4.60 \times 105\% = \$4.83$$

12. Column L - The full fee to be charged and should approximate Column K.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

For convenience round up to nearest dollar.

PHARMACY COST CENTERAttachment D

1. Column A - List pharmaceuticals provided.

2. Column B - List Service Utilization.

3. Column C - List Relative Value for Pharmaceuticals from page 18.

4. Column D - Column B X Column C. Total Column D.

5. Column E - Cost center amount from BCRR Table 6, Column G, line 4, minus the cost of consumed pharmaceuticals equals adjusted total cost/cost center.

6. Column F - Total adjusted cost center, Column E, divided by total service units. Column D, equals Column F, the average cost/service unit.

7. Column G - Adjusted cost/service equals the dollar amount in Column F, times each relative value of Column C. This amount represents the cost for each specific service. Column F x Column C.

8. Column H - Equals the purchase expense per pharmaceutical unit. To arrive at an average per unit purchase expense, for Attachment D,

Column H, when several brands of a pharmaceutical are purchased at different prices you will divide the total dollar value of those pharmaceuticals consumed during that period by the total number of units of those pharmaceuticals consumed during the same reporting period.

9. Column I - Total base cost equals adjusted cost/service plus per unit

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

purchase expense. Column G + Column H.

10. Column J - Cost of living allowance (COLA). Use the most recent consumer price index provided by IDPH.

11. Column K - Adjusted cost equals total base cost in Column I times

Column J, cost of living allowance (COLA)% plus 100%.

Example:

$$\text{\$4.60} \times 105\% = \text{\$4.83}$$

12. Column L - The full fee to be charged and should approximate Column K.

For convenience round up to nearest dollar.

EDUCATION/COUNSELING COST CENTER

Attachment E

1. Column A - List procedure.

2. Column B - List Service Utilization/Frequency of Procedure.

3. Column C - List Relative Value for Procedure from Page 18.

4. Column D - Column B X Column C. Total Column D.

5. Column E - Cost center amount from BCRR, Table 6, Column G, line 7.

6. Column F - Total Column E divided by total Column D. This gives you your average cost/service unit which is listed for each line item.

7. Column G - The dollar amount in Column F times each RVS of Column C. This amount represents the cost for each specific service.

8. Column H - Cost of living allowance (COLA). Use the most recent consumer price index provided by IDPH.

9. Column I - Adjusted cost equals cost/service in Column G times Column H.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

cost of living allowance (COLA)% plus 100%.

Example:

$$\text{\$10.00} \times 105\% = \text{\$10.50}$$

10. Column J - The full fee to be charged and should approximate Column K.

For convenience round up to nearest dollar.

MEDICAL COST CENTER

CLIENT EXAMINATION DIRECT EXPENSES

SALARIES AND WAGES (Include only those staff who perform or assist in performing client examinations.)

1. Physicians

1. \$.00

2. Physician Assistants

2. \$.00

3. Nurse Practitioners

3. \$.00

4. Nurse Midwives

4. \$.00

5. Other Nurses

5. \$.00

Medical Support

6. Medical Appointment Secretary

6. \$.00

7. Portion of Client Records Clerk

7. \$.00

8. Total Salaries

8. \$.00

Total on line 8 is equal to BCRR Table 6.

worksheet A, column E, line 1.

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTSDEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

OTHER CLIENT EXAMINATION EXPENSES

9. Contractual Examiners Fees	9. \$	.00
10. Client Examination Equipment Lease or Rental	10. \$	.00
11. Client Examination Equipment Depreciation Expense	11. \$	.00
12. Client Examination Equipment Repair & Maintenance	12. \$	.00
13. Client Examination Supplies Expense	13. \$	.00
14. Client Examination Staff Travel Expense	14. \$	.00
15. Malpractice Insurance	15. \$	.00
16. Other Client Examination Expenses	16. \$	.00
17. Total Other Client Examination Expenses	17. \$	.00

(Sum of lines 9 through 16)

Total on line 17 is equal to BCRR Table 6.

Worksheet A, Column I, line 1.

PATIENT EXAM INDIRECT COSTS

24. Medical Fringe Benefits	24. \$	.00
(Worksheet A - Column g, line 1)		
25. Medical Facility Costs	25. \$	.00
(Worksheet B - Column d, line 1)		
26. Administrative Costs	26. \$	.00
(Worksheet B - Column g, line 1)		

To arrive at the total medical costs you will add salary and wages (8), other costs (17) and donated services and materials (23) to the fringe benefits (24), facility costs (25) and administrative costs (26).

27. Total Medical Costs

27. \$.00

This total equals BCRR Table 6, Column g, line 1.

LABORATORY COST CENTER

DONATED MEDICAL EXPENSES

18. Value of Physician's Donated Time	18. \$	.00
19. Value of Nurse Midwife/N.P.'s Donated Time	19. \$	.00
20. Value of R.N.'s Donated Time	20. \$	.00
21. Value of LPN's Donated Time	21. \$	.00
22. Value of other Donated Medical Expenses	22. \$	.00
23. Total Donated Services and Materials	23. \$	.00

(Sum of lines 18 through 22)

Total on line 23 is equal to BCRR Table 6.

Worksheet A, Column j, line 1.

LABORATORY SERVICES DIRECT EXPENSES

28. Salaries and Wages (include only those staff who perform tests, assist in tests or prepare specimens)	28. \$	.00
29. Total	29. \$	.00

Total on line 29 is equal to BCRR Table 6.

Worksheet A, Column E, line 2.

OTHER LABORATORY EXPENSES

30. Laboratory Equipment Lease or Rental Expense	30. \$.00
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DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

31. Laboratory Equipment Depreciation Expense 31. \$.00
32. Laboratory Equipment Maintenance and Repair Expense 32. \$.00
33. Laboratory Supplies Expense 33. \$.00
34. Purchased Outside Laboratory Services Expense 34. \$.00
- See Page 12
35. Other Laboratory Expenses 35. \$.00
36. Total Other Laboratory Services Direct Expenses 36. \$.00

(Sum of lines 30 through 35)

Total on line 36 is equal to BCRR Table 6,

worksheets A, Column I, line 2.

DONATED LABORATORY EXPENSES

37. Value of Lab Technician's Donated Time 37. \$.00
38. Value of Donated Lab Supplies 38. \$.00
39. Value of Donated Lab Tests 39. \$.00
40. Value of other Donated Lab Expenses 40. \$.00
41. Total Donated Laboratory Services and Materials 41. \$.00

(Sum of lines 37 through 40)

Total on line 41 is equal to BCRR Table 6,

worksheets A, Column J, line 2.

LABORATORY SERVICES INDIRECT EXPENSES

42. Laboratory Fringe Benefits 42. \$.00

(Worksheet A - Column g, line 2)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

43. Laboratory Facility Costs 43. \$.00
- (Worksheet B - Column d, line 2)
44. Laboratory Administration Costs 44. \$.00
- (Worksheet B - Column g, line 2)
- To arrive at the total laboratory expenses you will add salary and wages (29), other costs (36) and donated services and materials (41) to the fringe benefits (42), facility costs (43) and administrative costs (44).
45. Total Laboratory Costs 45. \$.00

This total equals BCRR Table 6, Column g, line 2.

OUTSIDE LABORATORY TESTS:

Any laboratory test completed by an outside incorporated entity. An invoice and payment to the entity for services must exist.

If you have "purchased outside laboratory fees" which will be included in total laboratory expenses for your BCRR information, you must now subtract the dollar amount of those purchases from your BCRR total on Table 6, Column G, line 2 to arrive at the dollar amount to be used in your total adjusted cost/center of Attachment C, Column E. You WILL NOT use the amount from your BCRR Table 6, Column G, line 2 for this amount.

OUTSIDE LABORATORY COST AREA

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

Type of Supply

Your Cost/Unit x Number Used = Total Expense*

46. VDRL/RPR	\$	X	46. \$	.00
47. Pap Smear	\$	X	47. \$	.00
48. Gonorrhea Culture	\$	X	48. \$	.00
49. Miscellaneous Culture	\$	X	49. \$	.00
50. Sickle Cell	\$	X	50. \$	.00
51. PP Blood Glucose	\$	X	51. \$	.00
52. Cholesterol Level	\$	X	52. \$	.00
53. SMA 12	\$	X	53. \$	.00
54. Colposcopy	\$	X	54. \$	.00
55. Colposcopy and Biopsy	\$	X	55. \$	.00
56. Chlamydia	\$	X	56. \$	.00
57. Total Outside Laboratory Fees			57. \$	.00
58. Adjusted total cost/center:			58. \$	.00

Line 45, subtract Line 57, equals amount

on Line 58. This is the amount to be

used in the Adjusted Total Cost/Center.

Attachment C, Column E.

* Round to the nearest dollar amount.

PHARMACY COST CENTER

Type of Supply	Your Cost/Unit x *Number Used = Total Expense
59. Oral Contraceptives	59. \$.00
60. Cream	60. \$.00
61. Jelly	61. \$.00
62. Suppository (each)	62. \$.00
63. Foam	63. \$.00
64. Diaphragm	64. \$.00
65. IUD	65. \$.00
66. Basal T & C	66. \$.00
67. Sponges (each)	67. \$.00
68. Condoms (each)	68. \$.00
69. Meds/Vag. Inf.	69. \$.00
70. Meds/SID Rx	70. \$.00
71. Contraceptive Film	71. \$.00
72. Total (Sum of lines 59 through 71)	72. \$.00

PROVISION OF CONTRACEPTIVE DRUGS/SUPPLIES DIRECT EXPENSES

73. Salaries and Wages for Staff Who Dispense or Assist

In Providing Contraceptive Drugs and Supplies

74. Total

73. \$.00
74. \$.00

*The number used for each type of supply will come from your inventory sheets.

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

Total on line 74 is equal to BCRR Table 6,
worksheet A, Column E, line 4.

OTHER PHARMACY EXPENSES

75. Provision of Drugs and Supplies Equipment
Lease or Rental Expense
76. Provision of Drugs and Supplies Depreciation
Expense
77. Provision of Drugs and Supplies Equipment
Maintenance and Repair Expense
78. Dispensing Supplies Expense
79. Other Pharmacy Expenses
80. Total (Sums of lines 75 through 79)
81. Total All Pharmacy Expenses
(Sum of lines 72 and 80)
- Total on line 81 is equal to BCRR Table 6,
worksheet A, Column I, line 4.

DONATED PHARMACY EXPENSES

82. Value of Pharmacists' Donated Time
83. Value of Donated Pharmacy Supplies
84. Value of Donated Contraceptive Supplies
85. Value of Other Donated Pharmacy Expenses
86. Total Donated Pharmacy Services and Materials

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

(Sum of lines 82 through 85)

Total on line 86 is equal to BCRR Table 6,
worksheet A, Column j, line 4.

PHARMACY SERVICES INDIRECT EXPENSES

87. Pharmacy Fringe Benefits
(Worksheet A - Column g, line 4)
88. Pharmacy Facility Costs
(Worksheet B - Column d, line 4)
89. Pharmacy Administration Costs
(Worksheet B - Column g, line 4)
- To arrive at the total Pharmacy costs you will add salary and wages (74),
other costs (81) and donated services and materials (86) to fringe benefits
(87), facility costs (88) and administrative costs (89).
90. Total Pharmacy Costs
- This total equals BCRR Table 6, Column g, line 4.
91. Adjusted total cost center

To arrive at the total adjusted cost/center you must subtract the dollar
amount of consumed contraceptives, drugs/supplies, from your BCRR total on
Table 6, Column G, line 4, which is the amount on Line 90, minus line 72,
equals the amount on line 91. This is the amount to be used in the adjusted
Total cost/center. Attachment D, Column E.

COUNSELING AND EDUCATION COST CENTER

FAMILY PLANNING COUNSELING AND EDUCATIONAL DIRECT EXPENSES

92. Salaries and Wages, Family Planning
Counselors, Educators and Assistants 92. \$.00
93. Portion of Client Records Clerk 93. \$.00
94. Total 94. \$.00

Total on line 94 is equal to BCRR Table 6,
worksheet A, Column E, line 7.

OTHER COUNSELING AND EDUCATION EXPENSES

95. Counseling and Educational Services 95. \$.00
Staff Travel Expense
96. Counseling and Educational Services 96. \$.00
Equipment Rental
97. Counseling Expense or Lease Expense and
Educational Services Equipment Depreciation 97. \$.00
Repair and Maintenance Expense
98. Counseling and Educational Supplies Expense 98. \$.00
99. Counseling and Educational Expense 99. \$.00
100. Other Counseling and Educational Expense 100. \$.00
101. Total Family Planning Counseling and Educational
Services Direct Expenses 101. \$.00

Total on line 101 is equal to BCRR Table 6,
worksheet A, Column I, line 7.

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

DONATED EDUCATION AND COUNSELING EXPENSES

102. Value of Counselors Donated Time 102. \$.00
103. Value of Other Donated Counseling and
Educational Services Expense 103. \$.00
104. Total Donated Counseling and Educational
Services Expenses 104. \$.00
(Sum of lines 102 and 103)

Total on line 104 is equal to BCRR Table 6,
worksheet A, Column j, line 7.

COUNSELING AND EDUCATIONAL INDIRECT EXPENSES

105. Counseling and Education Fringe Benefits 105. \$.00
(Worksheet A - Column g, line 7)
106. Counseling and Education Facility Costs 106. \$.00
(Worksheet B - Column d, line 7)
107. Counseling and Education Administration Costs 107. \$.00
(Worksheet B - Column g, line 7)

To arrive at the total Counseling and Education costs you will add salary and
wages (92), other costs (101) and Donated Counseling and Educational Services
(104) to fringe benefits (105), facility costs (106) and administrative costs
(107).

108. Total Counseling and Education Costs 108. \$.00
This total equals BCRR Table 6, Column g.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

line 7.

FAMILY PLANNING CLIENT VISIT RELATIVE VALUES

SERVICE

MEDICAL SERVICES VISITS

Minimal Service
Brief/Intermediate Exam
Extended Exam
Insertion of IUD
Diaphragm Fit
Sonography/lost IUD
X-ray/lost IUD

RVS

11.00
18.00
30.00
30.00
15.00
30.00
24.00

LAB PROCEDURES

Hematocrit/Hemoglobin
U/A Dip Stick
Pregnancy Test
VDRL/RPR
Pap Smear
Gonorrhea Culture
Bacterial Smear/Met Mount
Miscellaneous Culture
Sickle Cell
P.P. Blood Glucose
Triglycerides
SMA 12
Colposcopy
Colposcopy with Biopsy
Chlamydia

3.00
4.00
10.00
6.00
8.00
6.00
5.00
6.00
5.00
6.00
16.00
30.00
40.00
7.00

CONTRACEPTIVE DRUGS/SUPPLIES

Orals
Creams
Jellies
Suppositories (each)
Foams
Diaphragm
Basal T & C
IUD

1.20
2.65
2.65
.15
3.00
4.00
10.00
50.00

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

Sponges (each)
Condoms (each)
Meds/Vag. Inf.
Meds/STD
Contraceptive Film

1.50
.22
5.00
5.00
2.00

EDUCATION AND COUNSELING

In-depth/1 hour
15 min. to 1 Hour

11.00
7.00

Revised
11/89

OPTIONAL REVENUE ANALYSIS

A revenue analysis must be performed to justify fees in excess of those identified through the IDPH Cost Analysis methodology. This revenue analysis must compare projected project revenue with project expenses and will provide for a schedule of charges which will not generate total project revenue in excess of project expenses.

CALCULATING THE SCHEDULE OF DISCOUNTS

1. Determine the number of payment categories.

Example: For the purpose of this manual, we will use a six step schedule.

2. The income levels for the zero pay category will be the poverty levels published annually in the Federal Register. (See Attachment F)

Example: The poverty level for a one person family is \$5,980; for a two person family the poverty level is \$8,020, etc.

3. The income levels for the full fee will be 250% of the poverty level plus \$1.00.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

Example: For Family Size of 1, $100\% \text{ pay} = \$5,980 \times 2.5 = \$14,950 + \$1 \text{ or } \$14,951$.

To determine the income levels between 0% pay and 250% pay, use the following formula:

The 250% income level minus the poverty level, divided by the number of payment categories, minus 2.

The result of this computation is the dollar range for each step.

Example: Family Size 1 - $\$14,950$ (full fee > 250%) minus $\$5,980$ (0%) = $\$8,970$ divided by 4 (6 steps - 2 steps) = $\$2,242.50$ step interval.

5. The lower limit of each step is \$1 more than the upper limit of the preceding step.

Example: Family Size 1, upper limit of 0% pay is \$5,980, lower limit of the next category (20%) is \$5,981.

6. The upper limit for each step is computed by adding the dollar interval computed in Step 4 to the upper limit of the preceding step.

Example: Family Size 1 - upper limit of 0% pay is \$5,980; upper limit of the next category is $\$5,981 + \$2,243$ or $\$8,224$.

See Attachment F.

DEVELOPMENT OF A SLIDING FEE SCALE

Federal regulations require that we provide family planning services on a sliding fee scale to allow persons to receive services regardless of their

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

income level and subsequent ability to pay. Client or family income level is the determining factor for what level or percentage of the full fee a client will be charged.

A fee system must be developed and reevaluated at least annually after completing a cost analysis. The sliding fee scale will be based on the most current Federal Poverty Income Guidelines (See Attachment F). All clients must update their financial status every 12 months.

A sliding fee scale must be simple to be useful. Any fee scale which is over burdensome to the cashier or person computing the fee loses its value as the time required to compute the fee increases. Fees must be reasonable, related to cost and not provide a barrier to care. In selecting the client fee discount categories, it is important to remember that too few categories may either classify many clients at the lower end, reducing income, or at the upper end, discouraging clients to seek care because of the cost, thereby also reducing income. Too many categories may be difficult to implement and administer. For the purpose of this manual, we will use a six step sliding fee scale. See Attachment G.

Attachment A

EXAMPLES OF ADMINISTRATIVE COSTS

1. Project Director
2. Administrative Secretary and Receptionist

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

ATTACHMENT C

COST OF SERVICE/FEE DETERMINATION WORKSHEET

LABORATORY
COST CENTER

A	B	C	D	E	F	G	H	I	J	K
SERVICE UTILIZATION (FREQUENCY)	ADJUSTED TOTAL COST/ COST CENTER	AVERAGE COST/SERVICE UNIT	COST/ SERVICE UNIT ADJUSTED	PER UNIT PURCHASE EXPENSE	TOTAL COST/ COST ALLOWANCE	ADJUSTED COST	LY FEE			
3.00										
4.00										
10.00										
5.00										
8.00										
6.00										
6.00										
5.00										
5.00										
6.00										
16.00										
30.00										
40.00										
7.00										
TOTAL										

NOTES: 1. D = B x C
2. Total Column D
3. E = Column C / Line 2 of Note Table 6
4. F = Column D / Column E
5. G = F x C
6. H = Actual Per Unit Purchase Expense From Outside Laboratory
7. I = Total Cost of H x Quantity (QTY)
8. J = I x C
9. K = I x C x A x 100
10. L = Fee
11. M = Fee
12. N = Fee

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ATTACHMENT D

COST OF SERVICE/FEE DETERMINATION WORKSHEET

PHARMACY
COST CENTER

A	B	C	D	E	F	G	H	I	J	K	L	M
SERVICE/PROCEDURE	SERVICE UTILIZATION (FREQUENCY)	ADJUSTED TOTAL COST/ COST CENTER	AVERAGE COST/SERVICE UNIT	COST/ SERVICE UNIT ADJUSTED	PER UNIT PURCHASE EXPENSE	TOTAL COST/ COST ALLOWANCE	ADJUSTED COST	LY FEE	ADJUSTED COST	LY FEE	ADJUSTED COST	LY FEE
Orals	1.20											
Crems	2.65											
Jellies	2.65											
Suppositories (each)	0.15											
Foams	3.00											
Diaphragms	4.00											
IUDS	50.00											
Basal T & C	10.00											
Sponges (each)	1.50											
Condoms (each)	0.22											
Meds/Vag Int	5.00											
Meds/STD	5.00											
Contraceptive Film	2.00											
TOTAL												

NOTES: 1. D = B x C
2. Total Column D
3. E = Column C / Line 2 of Note Table 6
4. F = Column D / Column E
5. G = F x C
6. H = Actual Per Unit Purchase Expense
7. I = Total Cost of H x Quantity (QTY)
8. J = I x C
9. K = I x C x A x 100
10. L = Fee
11. M = Fee

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DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS[illegible]

NOTES: 1. D = B x C
2. Total Column D
3. E = Column G, line 7 of BCAR Table 6

5. $G = F \times C$
6. $H = \text{Cost of Living Allowance (COLA)}$
7. $I = G \times (\text{COLA} \% + 100\%)$
8. $J = F + H$

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ATTACHMENT F

EXAMPLE

SCHEDULE OF DISCOUNTS

Family Planning Services

FAMILY SIZE	A			B			C			D			E			F			G			H			I			J			K			L			M			N			O			P			Q			R			S			T			U			V			W			X			Y			Z			AA			AB			AC			AD			AE			AF			AG			AH			AI			AJ			AK			AL			AM			AN			AO			AP			AQ			AR			AS			AT			AU			AV			AW			AX			AY			AZ			BA			BB			BC			BD			BE			BF			BG			BH			BI			BJ			BK			BL			BM			BN			BO			BP			BQ			BR			BS			BT			BU			BV			BW			BX			BY			BZ			CA			CB			CC			CD			CE			CF			CG			CH			CI			CJ			CK			CL			CM			CN			CO			CP			CQ			CR			CS			CT			CU			CV			CW			CX			CY			CZ			DA			DB			DC			DD			DE			DF			DG			DH			DI			DJ			DK			DL			DM			DN			DO			DP			DQ			DR			DS			DT			DU			DV			DW			DX			DY			DZ			EA			EB			EC			ED			EE			EF			EG			EH			EI			EJ			EK			EL			EM			EN			EO			EP			EQ			ER			ES			ET			EU			EV			EW			EX			EY			EZ			FA			FB			FC			FD			FE			FF			FG			FH			FI			FJ			FK			FL			FM			FN			FO			FP			FQ			FR			FS			FT			FU			FV			FW			FX			FY			FZ			GA			GB			GC			GD			GE			GF			GG			GH			GI			GJ			GK			GL			GM			GN			GO			GP			GQ			GR			GS			GT			GU			GV			GW			GX			GY			GZ			HA			HB			HC			HD			HE			HF			HG			HH			HI			HJ			HK			HL			HM			HN			HO			HP			HQ			HR			HS			HT			HU			HV			HW			HX			HY			HZ			IA			IB			IC			ID			IE			IF			IG			IH			IJ			IK			IL			IM			IN			IO			IP			IQ			IR			IS			IT			IU			IV			IW			IX			IY			IZ			JA			JB			JC			JD			JE			JF			JG			JH			JI			JJ			JK			JL			JM			JN			JO			JP			JQ			JR			JS			JT			JU			JV			JW			JX			JY			JZ			KA			KB			KC			KD			KE			KF			KG			KH			KI			KJ			KL			KM			KN			KO			KP			KQ			KR			KS			KT			KU			KV			KW			KX			KY			KZ			LA			LB			LC			LD			LE			LF			LG			LH			LI			LJ			LK			LM			LN			LO			LP			LQ			LR			LS			LT			LU			LV			LW			LX			LY			LZ			MA			MB			MC			MD			ME			MF			MG			MH			MI			MJ			MK			ML			MN			MO			MP			MQ			MR			MS			MT			MU			MV			MW			MX			MY			MZ			NA			NB			NC			ND			NE			NF			NG			NH			NI			NJ			NK			NL			NM			NN			NO			NP			NQ			NR			NS			NT			NU			NV			NW			NX			NY			NZ			OA			OB			OC			OD			OE			OF			OG			OH			OI			OJ			OK			OL			OM			ON			OO		
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			

POVERTY IN THE U.S.

3 = Family size = 1 = Poverty Level
2 = All other family size = previous family size Poverty Level plus \$2,040

$$\begin{array}{l} C = (B+1) \\ D = (J-B)/4+C \\ E = (D+1) \\ F = (C-B)/4+E \\ G = (F+1) \\ H = (J-B)/4+G \\ I = (H+1) \\ J = (B \times 2.5) \\ K = (J+1) \end{array}$$

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

ATTACHMENT G

SLIDING FEE SCALE

SERVICE/PROCEDURES (a)	COST/ SERVICES	FEE	2%	50%	50%	80%	100%
Minimal Services							
Extended Exam							
IUD Insertion							
Diaphragm Fit							
Sonography/lost IUD							
X-ray/lost IUD							
HCT/HBG							
Urinalysis							
Pregnancy Test							
WBL							
Pap Smear							
Gonorrhea Culture							
Bacterial Smear/Met Mount							
Stickle Cell							
PP Blood Glucose							
Triglycerides							
SMA-12							
Colposcopy							
Colposcopy and Biopsy							
Chlamydia							
Orals							
Creams							
Vaginitis							
Suppositories (each)							
Foams							
Diaphragms							
IUDs							
Basal T & C							
Sponges (each)							
Condoms (each)							
Meds/Vag Int							
Meds/SID							
Contraceptive Film							
In-depth 1 Hour							
Counseling/15 Min. to 1 Hr.							

EXAMPLES/WORKSHEETS

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

ALLOCATION OF MONIES FOR BCRR

SALARIES

0.5 OB/GYN Physician	50,000
2.0 OB/GYN Nurse Practitioners	52,000
1.5 RN's	24,000
0.5 RN (Pharmacy)	8,000
2.0 LPN's	22,000
0.5 Medical Appt. Secy.	5,750
0.5 Client Records Clerk	5,750
1.0 Health Educator	16,000
0.5 Laboratory Technician	7,000
1.0 Project Director	20,000
1.0 Admin. Secy./Recept.	12,000
1.0 Bookkeeper	12,000
0.2 Custodian	1,600

FRINGE BENEFITS

27,300

CONSULTANT & CONTRACT SERVICES

Nurse Practitioner	17,000
Outside Laboratory	19,792
Accountant's Fee	800
Attorney's Fee	100
Security	2,000

SUPPLIES

Medical	10,000
Laboratory	3,000
Health Education	500
Pharmacy	1,000
Patient Records	200
Administration	500
Housekeeping	100

DONATED MATERIALS AND SERVICES

Volunteer R.N.'s	6,000
GC's done by State Lab	1,200
Contraceptives from closing clinic	2,400

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

Volunteer Counselor	400
Administrator's time	700
Rent at 2nd site	1,200

MEDICAL COST CENTER

CLIENT EXAMINATION DIRECT EXPENSES

SALARIES AND WAGES (Include only those staff who perform or assist in performing client examinations.)

1. Physician	1. \$ 50,000.00
2. Physician Assistants	2. \$.00
3. Nurse Practitioners	3. \$ 52,000.00
4. Nurse Midwives	4. \$.00
5. Other Nurses	5. \$ 46,000.00

Medical Support

6. Medical Appointment Secretary	6. \$ 5,750.00
7. Portion of Client Records Clerk	7. \$ 4,600.00
8. Total Salaries	8. \$ 158,350.00

Total on line 8 is equal to BCRR Table 6.

worksheet A, Column E, line 1.

OTHER CLIENT EXAMINATION EXPENSES

9. Contractual Examiners Fees	9. \$ 17,000.00
10. Client Examination Equipment Lease or Rental	10. \$.00
11. Client Examination Equipment Depreciation Expense	11. \$ 800.00
12. Client Examination Equipment Repair & Maintenance	12. \$.00
13. Client Examination Supplies Expense	13. \$ 10,000.00

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

14. Client Examination Staff Travel Expense 14. \$.00
15. Malpractice Insurance 15. \$ 5,000.00
16. Other Client Examination Expenses 16. \$ 240.00
17. Total Other Client Examination Expenses 17. \$ 33,040.00
(Sum of lines 9 through 16)
Total on line 17 is equal to BCRR Table 6,
worksheet A, Column I, line 1.

DONATED MEDICAL EXPENSES

18. Value of Physician's Donated Time 18. \$.00
19. Value of Nurse Midwife/N.P.'s Donated Time 19. \$.00
20. Value of R.N.'s Donated Time 20. \$ 6,000.00
21. Value of LPN's Donated Time 21. \$.00
22. Value of other Donated Medical Expenses 22. \$.00
23. Total Donated Services and Materials 23. \$ 6,000.00
(Sum of lines 18 through 22)
Total on line 23 is equal to BCRR Table 6,
worksheet A, Column I, line 1.

PATIENT EXAM INDIRECT COSTS

24. Medical Fringe Benefits 24. \$ 18,291.00
(Worksheet A - Column g, line 1)
25. Medical Facility Costs 25. \$ 11,984.00
(Worksheet B - Column d, line 1)

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

26. Administrative Costs 26. \$ 37,724.00
(Worksheet B - Column g, line 1)
To arrive at the total medical costs you will add salary and wages (8), other
costs (17) and donated services and materials (23) to the fringe
benefits (24), facility costs (25) and administrative costs (26).
27. Total Medical Costs 27. \$ 265,389.00
This total equals BCRR Table 6, Column g, line 1.

LABORATORY COST CENTER

LABORATORY SERVICES DIRECT EXPENSES

28. Salaries and Wages (include only those staff who
perform tests, assist in tests or prepare specimens) 28. \$ 7,000.00
29. Total 29. \$ 7,000.00
Total on line 29 is equal to BCRR Table 6,
worksheet A, Column E, line 2.

OTHER LABORATORY EXPENSES

30. Laboratory Equipment Lease or Rental Expense 30. \$.00
31. Laboratory Equipment Depreciation Expense 31. \$ 200.00
32. Laboratory Equipment Maintenance and Repair Expense 32. \$.00
33. Laboratory Supplies Expense 33. \$ 3,000.00
34. Purchased Outside Laboratory Services Expense 34. \$ 19,792.00

See page 35.

35. Other Laboratory Expenses 35. \$.00

36. Total Other Laboratory Services Expenses 36. \$ 22,992.00

(Sum of lines 30 through 35)

Total on line 36 is equal to BCRR Table 6,

worksheet A, Column I, line 2.

DONATED LABORATORY EXPENSES

37. Value of Lab Technician's Donated Time 37. \$.00

38. Value of Donated Lab Supplies 38. \$.00

39. Value of Donated Lab Tests 39. \$ 1,200.00

40. Value of other Donated Lab Expenses 40. \$.00

41. Total Donated Laboratory Services and Materials 41. \$ 1,200.00

(Sum of lines 37 through 40)

Total on line 41 is equal to BCRR Table 6,

worksheet A, Column j, line 2.

LABORATORY SERVICES INDIRECT EXPENSES

42. Laboratory Fringe Benefits 42. \$ 819.00

(Worksheet A - Column g, line 2)

43. Laboratory Facility Costs 43. \$ 1,598.00

(Worksheet B - Column d, line 2)

44. Laboratory Administration Costs 44. \$ 5,716.00

(Worksheet B - Column g, line 2)

To arrive at the total laboratory expenses you will add salary and wages (29), other costs (36) and donated services and materials (41) to the fringe benefits (42), facility costs (43) and administrative costs (44).

45. Total Laboratory Costs 45. \$ 39,325.00

This total equals BCRR Table 6, Column g, line 2.

OUTSIDE LABORATORY TESTS:

Any laboratory test completed by an outside incorporated entity. An invoice and payment to the entity for services must exist.

If you have "purchased outside laboratory fees" which will be included in total laboratory expenses for your BCRR information, you must now subtract the dollar amount of those purchases from your BCRR total on Table 6, Column G, line 2 to arrive at the dollar amount to be used in your total adjusted cost/center of Attachment C, Column E. You WILL NOT use the amount from your BCRR Table 6, Column G, line 2 for this amount.

OUTSIDE LABORATORY COST AREA

Type of Supply

Your Cost/Unit x Number Used = Total Expense*

46. VDRL/RPR 4.00 x 8 46. \$ 32.00

47. Pap Smear 3.50 x 4,000 47. \$ 14,000.00

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

48. Gonorrhea Culture	6.50	X	8	48. \$	52.00
49. Miscellaneous Culture	18.00	X	40	49. \$	720.00
50. Cikle Cell	5.00	X	100	50. \$	500.00
51. P.P. Blood Glucose	4.50	X	20	51. \$	90.00
52. Cholesterol Level	4.00	X	10	52. \$	40.00
53. SMA 12	6.75	X	10	53. \$	68.00
54. Colposcopy	40.00	X	4	54. \$	160.00
55. Colposcopy and Biopsy	50.00	X	1	55. \$	50.00
56. Chlamydia	8.00	X	510	56. \$	4,080.00
57. Total Outside Laboratory Fees				57. \$	19,792.00
58. Adjusted Total Cost Center:				58. \$	19,533.00

Line 45, subtract Line 57

equals amount on Line 58.

This is the amount to be

used in the Adjusted Total

Cost/Center, Attachment C, Column E

* Round to the nearest dollar amount.

PHARMACY COST CENTER

Supplies Consumed During Reporting Period:

Type of Supply

Your Cost/Unit x *Number Used = Total Expense**

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

59. Oral Contraceptives	.70	X	58,500	59. \$	40,950.00
60. Cream	1.00	X	54	60. \$	54.00
61. Jelly	1.00	X	50	61. \$	50.00
62. Suppository (each)	.20	X	5	62. \$	1.00
63. Foam	.90	X	2,304	63. \$	2,074.00
64. Diaphragm	3.00	X	124	64. \$	372.00
65. IUD	36.00	X	24	65. \$	864.00
66. Basal T & C	16.50	X	2	66. \$	33.00
67. Sponges (each)	.50	X	152	67. \$	76.00
68. Condoms (each)	.05	X	18,500	68. \$	925.00
69. Meds/Vag. Inf.	4.70	X	540	69. \$	2,538.00
70. Meds/STD Rx	4.70	X	539	70. \$	2,533.00
71. Contraceptive Film	3.00	X	10	71. \$	30.00
72. Total (Sum of lines 59 through 71)				72. \$	50,500.00

PROVISION OF CONTRACEPTIVE DRUGS/SUPPLIES DIRECT EXPENSES

73. Salaries and Wages for Staff Who Dispense or Assist

in Providing Contraceptive Drugs and Supplies

73. \$ 8,000.00

74. Total

74. \$ 8,000.00

Total on line 74 is equal to BCRR Table 6.

worksheet A, Column E, line 4.

*The number used for each type of supply will come from your inventory sheets.

**Round to nearest dollar amount

OTHER PHARMACY EXPENSES

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

75. Provision of Drugs and Supplies EquipmentLease or Rental Expense75. \$.0076. Provision of Drugs and Supplies DepreciationExpense76. \$.0077. Provision of Drugs and Supplies EquipmentMaintenance and Repair Expense77. \$.0078. Dispensing Supplies Expense78. \$.0079. Other Pharmacy Expenses79. \$.0080. Total (Sums of lines 75 through 79)80. \$ -0- .0081. Total All Pharmacy Expenses81. \$ 50,500.00(Sum of lines 72 and 80)Total on line 81 is equal to BCRR Table 6,worksheet A, Column I, line 4.

DONATED PHARMACY EXPENSES

82. Value of Pharmacists' Donated Time82. \$.0083. Value of Donated Pharmacy Supplies83. \$.0084. Value of Donated Contraceptive Supplies84. \$ 2,400.0085. Value of Other Donated Pharmacy Expenses85. \$.0086. Total Donated Pharmacy Services and Materials86. \$ 2,400.00(Sum of lines 82 through 85). Total on line 86 is equal to BCRRTable 6, worksheet A, Column j, line 4.

PHARMACY SERVICES INDIRECT EXPENSES

87. Pharmacy Fringe Benefits87. \$ 819.00(Worksheet A - Column g, line 4)

ILLINOIS REGISTER

7932
90

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

88. Pharmacy Facility Costs88. \$ 1,198.00(Worksheet B - Column d, line 4)89. Pharmacy Administration Costs89. \$ 10,288.00(Worksheet B - Column g, line 4)To arrive at the total Pharmacy costs you will add salary and wages (74),other costs (81) and donated services and materials (86) to fringe benefits(87), facility costs (88) and administrative costs (89).90. Total Pharmacy Costs90. \$ 73,205.00This total equals BCRR Table 6, Column g, line 4.91. Adjusted total cost center91. \$ 22,705.00To arrive at the total adjusted cost/center you must subtract the dollar
amount of consumed contraceptives, drugs/supplies from your BCRR total onTable 6, Column G, line 4, which is the amount on line 90, minus line 72,equals the amount on line 91. This is the amount to be used in theadjusted total cost/center, Attachment D, Column E.

COUNSELING AND EDUCATION COST CENTER

FAMILY PLANNING COUNSELING AND EDUCATIONAL DIRECT EXPENSES

92. Salaries and Wages, Family Planning92. \$ 16,000.00Counselors, Educators and Assistants

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

93. Portion of Client Records Clerk 93. \$ 1,150.00
 94. Total 94. \$ 17,150.00
 Total on line 94 is equal to BCRR Table 6,
 worksheet A, Column E, line 7.
 COUNSELING AND EDUCATION EXPENSES
 95. Counseling and Educational Services Staff Travel Expense 95. \$.00
 96. Counseling and Educational Services Equipment Rental 96. \$.00
 97. Counseling Expense or Lease Expense and Educational Services Equipment Depreciation 97. \$.00
 98. Counseling and Educational Services Equipment Repair and Maintenance Expense 98. \$.00
 99. Counseling and Educational Supplies Expense 99. \$ 500.00
 100. Other Counseling and Educational Expense 100. \$ 60.00
 101. Total Family Planning Counseling and Educational Services Direct Expenses 101. \$ 560.00
 Total on line 101 is equal to BCRR Table 6,
 worksheet A, Column I, line 7.

DONATED EDUCATION AND COUNSELING EXPENSES

102. Value of Counselors Donated Time 102. \$ 400.00
 103. Value of Other Donated Counseling and

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

Educational Services Expense 103. \$.00
 104. Total Donated Counseling and Educational Services Expenses 104. \$ 400.00
 (Sum of lines 102 through 103)
 Total on line 104 is equal to BCRR Table 6,
 worksheet A, Column J, line 7.
 COUNSELING AND EDUCATIONAL INDIRECT EXPENSES
 105. Counseling and Education Fringe Benefits 105. \$ 1,911.00
 (Worksheet A - Column g, line 7)
 106. Counseling and Education Facility Costs 106. \$ 2,197.00
 (Worksheet B - Column d, line 7)
 107. Counseling and Education Administration Costs 107. \$ 3,430.00
 (Worksheet B - Column g, line 7)
 To arrive at the total Counseling and Education costs you will add salary and
 wages (92), other costs (101) and Donated Counseling and Educational Services
 (104) to fringe benefits (105), facility costs (106) and administrative costs
 (107).
 108. Total Counseling and Education Costs 108. \$ 25,648.00
 This total equals BCRR Table 6, Column g,
 line 7.

WORKSHEET A - COLUMN E

Salaried Personnel Includes Column C (C + E = E)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

1. Medical - line 1

.5 OB/GYN Physician
2.0 OB/GYN Nurse Practitioners
1.5 RN's
2.0 LPN's
.5 Medical Appt. Sec'y.

Add Column C

.4 Patient Records Clerk2. Laboratory - line 2

0.5 Lab Technician

4. Pharmacy - line 4

.5 R.N.

7. Other Health - line 7

1.0 Health Educator

Add Column C

.1 Patient Record Clerk12. Administration - line 12

1.0 Project Director
1.0 Admin. Sec'y/Recept.
1.0 Bookkeeper

13. Facility - line 13

.2 Custodian

15. TOTAL - LINE 15

WORKSHEET A - COLUMN I
Other Costs include Column D (D + I = 1)

1. Medical - line 1

Contractual N.P.
Medical Supplies
Medical Equipment Depreciation
Medical Malpractice Insurance

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

Add Column D

Patient Records Cost

2. Laboratory - line 2

Outside Laboratory
Laboratory Supplies
Laboratory Depreciation

3. Pharmacy - line 4

Contraceptives Used

7. Other Health

Health Education Supplies

Add Column D

12. Administration - line 12

Accountant Fee

Attorney Fee
Administrative Supplies
Equipment Depreciation
Fidelity Bonding
Telephone
Photo Copy
Postage
Administrative Travel

13. Facility - line 13

Security
Housekeeping Supplies
Facility Insurance
Rent
Utilities

15. TOTAL - LINE 15

WORKSHEET A - COLUMN J
Value of Donated Materials and Services

1. Medical - line 1

Volunteer R.N.'s

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

TABLE 6 WORKSHEET B:
DISTRIBUTION OF CLINIC OVERHEAD COSTS ACROSS HEALTH CARE COST CENTERSTABLE 6 WORKSHEET A: DISTRIBUTION OF
PATIENT RECORDS COSTS AND FRINGE BENEFITS ACROSS FUNCTIONAL COST CENTERS

NOTE: If this Worksheet is used, it must be retained by the grantee. It should not be submitted with TABLE 6.

FUNCTIONAL COST CENTERS	DISTRIBUTION OF PATIENT RECORDS COSTS				DISTRIBUTION OF FRINGE BENEFITS COSTS								Other Costs	Value of Donated Mat. & Svcs.	Total Before Deductions	
	Number of Encounters	% of Total Encounters	Amount of Personnel Distro. to Functions	Amount of Other Distro. to Functions	Salaries (inc. Col. C)	% of Total Salaries	Amount of Fringe Benefits Distro. to Functions	Total Salaries & Fringe Benefits	Personnel Costs	Fringe Costs						
										(a)	(b)	(c)				(d)	(e)	(f)	(g)	(h)	(i)	(j)
HEALTH CARE FUNCTIONS:																
11 Medical (A)	12,000	80%	4,600	240	158,350	67%	18,291	176,641	33,040	6,000	215,681					
21 Laboratory - Medical (B)					7,000	3%	819	7,819	22,992	1,200	32,011					
31 X-Ray - Medical (C)					8,000	3%	819	8,819	50,500	2,500	61,719					
41 Pharmacy - Medical & Dental (D)																
51 Dental (Lab. & X-Ray) (E)																
61 Diagnostic (F)																
71 Other Health (G)	3,000	20%	1,150	50	17,150	7%	1,911	19,061	560	100	20,021					
81 Community Service (H)																
91 Environmental (I)																
101 Patient Transportation (J)																
111 Patient Reception (K)																
CLINIC OVERHEAD FUNCTIONS:																
121 Administration (L)					44,000	19%	5,187	49,187	4,275	700	54,162					
131 Facility (M)					1,600	1%	273	1,873	16,900	1,200	19,973					
141 Fringe Benefit (N)																
151 TOTAL (LINES 1 through 14)	15,000	100%	-0-	-0-	216,100	100%	-0-	263,400	128,467	11,900	403,367					

FUNCTIONAL COST CENTERS	DISTRIBUTION OF FACILITY COSTS				DISTRIBUTION OF ADMINISTRATION COSTS				Total after Final Distro. of Clinic Overhead Costs (e + g)
	Worksheet A, Col. (k)				Total after Distro. of Facility Costs (a + d)	% of Health Care Cost Subtotal	Amount of Admin. Distro. to Functions		
	(a)	(b)	(c)	(d)				(e)	(f)	(g)	(h)
HEALTH CARE FUNCTIONS:									
11 Medical (A)	215,681	1,600	60%	11,984	227,665	66%	37,724	265,389	
21 Laboratory - Medical (B)	32,011	200	8%	1,598	33,609	10%	5,716	39,325	
31 X-Ray - Medical (C)									
41 Pharmacy-Medical & Dental (D)	61,719	150	6%	1,198	62,917	18%	10,288	73,205	
51 Dental (Lab. & X-Ray) (E)									
61 Imaging (F)									
71 Other Health (G)	20,021	300	11%	2,197	22,218	6%	3,430	25,648	
81 Community Service (H)									
91 Environmental (I)									
101 Patient Transportation (J)									
111 SUBTOTAL LINES 1 through 101					126,409	100%			
CLINIC OVERHEAD FUNCTIONS:									
121 Administration (K)	54,162	400	15%	2,996	57,158		157,158	-0-	
131 Facility (L)	19,973				-0-			-0-	
141 SUBTOTAL LINES 12 + 13									
151 GRAND TOTAL	403,367	2,650	100%	-0-	403,367		-0-	603,567	

CONSISTENCY CHECKS:

1. COL. (a) equals TABLE 6, COL. (A).
2. COL. (b) equals TABLE 6, COL. (B).
3. COL. (h) equals TABLE 6, COL. (H).
4. LINE 15, COL. (a), COL. (f), and COL. (i) should all be equal.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

DETERMINATION OF COST PER PROCEDURE

The purpose of this step is to distribute health care costs to particular procedures to derive the unit cost of each procedure. The cost per procedure should be computed for all procedures. The cost per procedure information is useful for managers in establishing charges and for analyzing the benefit of continuing to provide specific services. There may be some cases in which the cost per procedure requires a charge so far above the competitive rate (what other providers in the area would charge for that service) that the charge is prohibitive. This should be a signal to management that steps must be taken to lower costs in the future or consideration should be given to phasing out that service and making alternative arrangements.

In order to determine the cost you must define the specific procedures performed in each cost center and determine how many times or frequency the procedure is performed. We have assigned relative values to procedures on page 18.

Prepare a Cost of Service/Fee Determination Worksheet for each cost center.

See Attachment B, C, D and E.

MEDICAL COST CENTER

Attachment B

1. Column A - List procedure.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

2. Column B - List Service Utilization/Frequency of Procedure.
 3. Column C - List Relative Value for Procedure from Page 18.
 4. Column D - Column B x Column C. Total Column D.
 5. Column E - Cost center amount from BCRR Table 6, Column G, line 1.
 6. Column F - Total Column E divided by total Column D. This gives you your average cost/service unit which is listed for each line item.
 7. Column G - The dollar amount in Column F times each RVS of Column C. This amount represents the cost for each specific service.
 8. Column H - Cost of living allowance (COLA). Use the most recent consumer price index provided by IDPH.
 9. Column I - Adjusted cost equals cost/service in Column G times Column H, cost of living allowance (COLA)% plus 100%.
- Example:
- $$\$10.00 \times 105\% = \$10.50$$
10. Column J - The full fee to be charged and should approximate Column K.
- For convenience round up to nearest dollar.

LABORATORY COST CENTER

Attachment C

1. Column A - List lab services provided.
2. Column B - List Service Utilization/Frequency of Procedure.
3. Column C - List Relative Value for Procedure from Page 18.
4. Column D - Column B x Column C. Total Column D.
5. Column E - Cost center amount from BCRR Table 6, Column G, line 2, minus

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

the cost of PURCHASED OUTSIDE LABORATORY TESTS equals adjusted total cost/cost center. OUTSIDE LABORATORY TESTS ARE THOSE TESTS NOT PERFORMED BY THE AGENCY. This does not include collection of specimens. (See page 11 for further definition of "Outside Laboratory Tests")

6. Column F - Total adjusted cost center, Column E, divided by total service units, Column D, equals Column F, the average cost/service unit.
7. Column G - Adjusted cost/service equals the dollar amount in Column F times each relative value of Column C. This amount represents the cost for each specific service. Column F X Column C.
8. Column H - Enter the per unit purchase expense of OUTSIDE LABORATORY TESTS on the appropriate line or lines. This additional purchase expense applies only to designated tests. See designated list on page 35.

For nondesignated test, Column H equals ZERO.

9. Column I - Total base cost equals adjusted cost/service plus per unit purchase expense. Column G + Column H.
10. Column J - Cost of living allowance (COLA). Use the most recent consumer price index provided by IDPH.
11. Column K - Adjusted cost equals total base cost in Column I times Column J, cost of living allowance (COLA)% plus 100%.

Example:

$$\$4.60 \times 105\% = \$4.83$$

12. Column L - The full fee to be charged and should approximate Column K.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

For convenience round up to nearest dollar.

PHARMACY COST CENTER

Attachment D

1. Column A - List pharmaceuticals provided.
2. Column B - List Service Utilization.
3. Column C - List Relative Value for Pharmaceuticals from page 18.
4. Column D - Column B X Column C. Total Column D.
5. Column E - Cost center amount from BCRR Table 6, Column G, line 4, minus the cost of consumed pharmaceuticals equals adjusted total cost/cost center.
6. Column F - Total adjusted cost center, Column E, divided by total service units, Column D, equals Column F, the average cost/service unit.
7. Column G - Adjusted cost/service equals the dollar amount in Column F, times each relative value of Column C. This amount represents the cost for each specific service. Column F x Column C.
8. Column H - Equals the purchase expense per pharmaceutical unit. To arrive at an average per unit purchase expense, for Attachment D, Column H, when several brands of a pharmaceutical are purchased at different prices you will divide the total dollar value of those pharmaceuticals consumed during that period by the total number of units of those pharmaceuticals consumed during the same reporting period.
9. Column I - Total base cost equals adjusted cost/service plus per unit

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

purchase expense. Column G + Column H.

10. Column J - Cost of living allowance (COLA). Use the most recent consumer price index provided by IDPH.

11. Column K - Adjusted cost equals total base cost in Column I times Column J, cost of living allowance (COLA)% plus 100%.

Example:

$$\$4.60 \times 105\% = \$4.83$$

12. Column L - The full fee to be charged and should approximate Column K.

For convenience round up to nearest dollar.

EDUCATION/COUNSELING COST CENTER

Attachment E

1. Column A - List procedure.
2. Column B - List Service Utilization/Frequency of Procedure.
3. Column C - List Relative Value for Procedure from Page 18.
4. Column D - Column B X Column C. Total Column D.
5. Column E - Cost center amount from BCRR, Table 6, Column G, line 7.
6. Column F - Total Column E divided by total Column D. This gives you your average cost/service unit which is listed for each line item.
7. Column G - The dollar amount in Column F times each RVS of Column C. This amount represents the cost for each specific service.
8. Column H - Cost of living allowance (COLA). Use the most recent consumer price index provided by IDPH.
9. Column I - Adjusted cost equals cost/service in Column G times Column H.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

cost of living allowance (COLA)% plus 100%.

Example:

$$\$10.00 \times 105\% = \$10.50$$

10. Column J - The full fee to be charged and should approximate Column K.
For convenience round up to nearest dollar.

ATTACHMENT B

COST OF SERVICE FEE DETERMINATION WORKSHEET

A. SERVICE PROCEDURE	B. SERVICE UTILIZATION FREQUENCY	C. RPT. VALUE	D. TOTAL COST/CENTER	E. AVERAGE COST/SERVICE UNIT	F. COST OF LIVING ALLOWANCE	G. ADJUSTED COST	H. TOTAL FEE
Minimal Service	900	11.00	9,900	\$11.11	5%	\$11.67	\$11.00
Brief/Intermediate Exam	1,500	18.00	27,000	\$18.00	5%	\$18.90	\$18.00
Extended Exam	6,000	30.00	180,000	\$30.00	5%	\$31.50	\$30.00
IUD Insertion	24	30.00	720	\$30.00	5%	\$31.50	\$30.00
Diaphragm Fit	124	16.00	1,984	\$16.00	5%	\$16.80	\$16.00
Sonography/lost IUD	1	30.00	30	\$30.00	5%	\$31.50	\$30.00
X-ray/lost IUD	1	24.00	24	\$24.00	5%	\$25.20	\$24.00
TOTAL			219,534	\$219.53		\$228.48	\$219.53

NOTES: 1. B-C = D
2. D = E + F
3. F = G + H
4. H = I + J
5. J = K + L
6. L = M + N
7. N = O + P
8. P = Q + R
9. R = S + T
10. T = U + V
11. V = W + X
12. X = Y + Z
13. Z = AA + AB
14. AB = AC + AD
15. AD = AE + AF
16. AF = AG + AH
17. AH = AI + AJ
18. AJ = AK + AL
19. AL = AM + AN
20. AN = AO + AP
21. AP = AQ + AR
22. AR = AS + AT
23. AT = AU + AV
24. AV = AW + AX
25. AX = AY + AZ
26. AZ = BA + BB
27. BB = BC + BD
28. BD = BE + BF
29. BF = BG + BH
30. BH = BI + BJ
31. BJ = BK + BL
32. BL = BM + BN
33. BN = BO + BP
34. BP = BQ + BR
35. BR = BS + BT
36. BT = BU + BV
37. BV = BW + BX
38. BX = BY + BZ
39. BZ = CA + CB
40. CB = CC + CD
41. CD = CE + CF
42. CF = CG + CH
43. CH = CI + CJ
44. CJ = CK + CL
45. CL = CM + CN
46. CN = CO + CP
47. CP = CQ + CR
48. CR = CS + CT
49. CT = CU + CV
50. CV = CW + CX
51. CX = CY + CZ
52. CZ = DA + DB
53. DB = DC + DD
54. DD = DE + DF
55. DF = DG + DH
56. DH = DI + DJ
57. DJ = DK + DL
58. DL = DM + DN
59. DN = DO + DP
60. DP = DQ + DR
61. DR = DS + DT
62. DT = DU + DV
63. DV = DW + DX
64. DX = DY + DZ
65. DZ = EA + EB
66. EB = EC + ED
67. ED = EE + EF
68. EF = EG + EH
69. EH = EI + EJ
70. EJ = EK + EL
71. EL = EM + EN
72. EN = EO + EP
73. EP = EQ + ER
74. ER = ES + ET
75. ET = EU + EV
76. EV = EW + EX
77. EX = EY + EZ
78. EZ = FA + FB
79. FB = FC + FD
80. FD = FE + FF
81. FF = FG + FH
82. FH = FI + FJ
83. FJ = FK + FL
84. FL = FM + FN
85. FN = FO + FP
86. FP = FQ + FR
87. FR = FS + FT
88. FT = FU + FV
89. FV = FW + FX
90. FX = FY + FZ
91. FZ = GA + GB
92. GB = GC + GD
93. GD = GE + GF
94. GF = GG + GH
95. GH = GI + GJ
96. GJ = GK + GL
97. GL = GM + GN
98. GN = GO + GP
99. GP = GQ + GR
100. GR = GS + GT
101. GT = GU + GV
102. GV = GW + GX
103. GX = GY + GZ
104. GZ = HA + HB
105. HB = HC + HD
106. HD = HE + HF
107. HF = HG + HH
108. HH = HI + HJ
109. HJ = HK + HL
110. HL = HM + HN
111. HN = HO + HP
112. HP = HQ + HR
113. HR = HS + HT
114. HT = HU + HV
115. HV = HW + HX
116. HX = HY + HZ
117. HZ = IA + IB
118. IB = IC + ID
119. ID = IE + IF
120. IF = IG + IH
121. IH = II + IJ
122. IJ = IK + IL
123. IL = IM + IN
124. IN = IO + IP
125. IP = IQ + IR
126. IR = IS + IT
127. IT = IU + IV
128. IV = IW + IX
129. IX = IY + IZ
130. IZ = JA + JB
131. JB = JC + JD
132. JD = JE + JF
133. JF = JG + JH
134. JH = JI + JJ
135. JJ = JK + JL
136. JL = JM + JN
137. JN = JO + JP
138. JP = JQ + JR
139. JR = JS + JT
140. JT = JU + JV
141. JV = JW + JX
142. JX = JY + JZ
143. JZ = KA + KB
144. KB = KC + KD
145. KD = KE + KF
146. KF = KG + KH
147. KH = KI + KJ
148. KJ = KK + KL
149. KL = KM + KN
150. KN = KO + KP
151. KP = KQ + KR
152. KR = KS + KT
153. KT = KU + KV
154. KV = KW + KX
155. KX = KY + KZ
156. KZ = LA + LB
157. LB = LC + LD
158. LD = LE + LF
159. LF = LG + LH
160. LH = LI + LJ
161. LJ = LK + LL
162. LL = LM + LN
163. LN = LO + LP
164. LP = LQ + LR
165. LR = LS + LT
166. LT = LU + LV
167. LV = LW + LX
168. LX = LY + LZ
169. LZ = MA + MB
170. MB = MC + MD
171. MD = ME + MF
172. MF = MG + MH
173. MH = MI + MJ
174. MJ = MK + ML
175. ML = MM + MN
176. MN = MO + MP
177. MP = MQ + MR
178. MR = MS + MT
179. MT = MU + MV
180. MV = MW + MX
181. MX = MY + MZ
182. MZ = NA + NB
183. NB = NC + ND
184. ND = NE + NF
185. NF = NG + NH
186. NH = NI + NJ
187. NJ = NK + NL
188. NL = NM + NN
189. NN = NO + NP
190. NP = NQ + NR
191. NR = NS + NT
192. NT = NU + NV
193. NV = NW + NX
194. NX = NY + NZ
195. NZ = OA + OB
196. OB = OC + OD
197. OD = OE + OF
198. OF = OG + OH
199. OH = OI + OJ
200. OJ = OK + OL
201. OL = OM + ON
202. ON = OO + OP
203. OP = OQ + OR
204. OR = OS + OT
205. OT = OU + OV
206. OV = OW + OX
207. OX = OY + OZ
208. OZ = PA + PB
209. PB = PC + PD
210. PD = PE + PF
211. PF = PG + PH
212. PH = PI + PJ
213. PJ = PK + PL
214. PL = PM + PN
215. PN = PO + PP
216. PP = PQ + PR
217. PR = PS + PT
218. PT = PU + PV
219. PV = PW + PX
220. PX = PY + PZ
221. PZ = QA + QB
222. QB = QC + QD
223. QD = QE + QF
224. QF = QG + QH
225. QH = QI + QJ
226. QJ = QK + QL
227. QL = QM + QN
228. QN = QO + QP
229. QP = QQ + QR
230. QR = QS + QT
231. QT = QU + QV
232. QV = QW + QX
233. QX = QY + QZ
234. QZ = RA + RB
235. RB = RC + RD
236. RD = RE + RF
237. RF = RG + RH
238. RH = RI + RJ
239. RJ = RK + RL
240. RL = RM + RN
241. RN = RO + RP
242. RP = RQ + RR
243. RR = RS + RT
244. RT = RU + RV
245. RV = RW + RX
246. RX = RY + RZ
247. RZ = SA + SB
248. SB = SC + SD
249. SD = SE + SF
250. SF = SG + SH
251. SH = SI + SJ
252. SJ = SK + SL
253. SL = SM + SN
254. SN = SO + SP
255. SP = SQ + SR
256. SR = SS + ST
257. ST = SU + SV
258. SV = SW + SX
259. SX = SY + SZ
260. SZ = TA + TB
261. TB = TC + TD
262. TD = TE + TF
263. TF = TG + TH
264. TH = TI + TJ
265. TJ = TK + TL
266. TL = TM + TN
267. TN = TO + TP
268. TP = TQ + TR
269. TR = TS + TT
270. TT = TU + TV
271. TV = TW + TX
272. TX = TY + TZ
273. TZ = UA + UB
274. UB = UC + UD
275. UD = UE + UF
276. UF = UG + UH
277. UH = UI + UJ
278. UJ = UK + UL
279. UL = UM + UN
280. UN = UO + UP
281. UP = UQ + UR
282. UR = US + UT
283. UT = UV + UV
284. UV = UW + UX
285. UX = UY + UZ
286. UZ = VA + VB
287. VB = VC + VD
288. VD = VE + VF
289. VF = VG + VH
290. VH = VI + VJ
291. VJ = VK + VL
292. VL = VM + VN
293. VN = VO + VP
294. VP = VQ + VR
295. VR = VS + VT
296. VT = VU + VV
297. VV = VW + VX
298. VX = VY + VZ
299. VZ = WA + WB
300. WB = WC + WD
301. WD = WE + WF
302. WF = WG + WH
303. WH = WI + WJ
304. WJ = WK + WL
305. WL = WM + WN
306. WN = WO + WP
307. WP = WQ + WR
308. WR = WS + WT
309. WT = WU + WV
310. WV = WW + WX
311. WX = WY + WZ
312. WZ = XA + XB
313. XB = XC + XD
314. XD = XE + XF
315. XF = XG + XH
316. XH = XI + XJ
317. XJ = XK + XL
318. XL = XM + XN
319. XN = XO + XP
320. XP = XQ + XR
321. XR = XS + XT
322. XT = XU + XV
323. XV = XW + XX
324. XX = XY + XZ
325. XZ = YA + YB
326. YB = YC + YD
327. YD = YE + YF
328. YF = YG + YH
329. YH = YI + YJ
330. YJ = YK + YL
331. YL = YM + YN
332. YN = YO + YP
333. YP = YQ + YR
334. YR = YS + YT
335. YT = YU + YV
336. YV = YW + YX
337. YX = YY + YZ
338. YZ = ZA + ZB
339. ZB = ZC + ZD
340. ZD = ZE + ZF
341. ZF = ZG + ZH
342. ZH = ZI + ZJ
343. ZJ = ZK + ZL
344. ZL = ZM + ZN
345. ZN = ZO + ZP
346. ZP = ZQ + ZR
347. ZR = ZS + ZT
348. ZT = ZU + ZV
349. ZV = ZW + ZX
350. ZX = ZY + ZZ
351. ZZ = AA + AB
352. AB = AC + AD
353. AD = AE + AF
354. AF = AG + AH
355. AH = AI + AJ
356. AJ = AK + AL
357. AL = AM + AN
358. AN = AO + AP
359. AP = AQ + AR
360. AR = AS + AT
361. AT = AU + AV
362. AV = AW + AX
363. AX = AY + AZ
364. AZ = BA + BB
365. BB = BC + BD
366. BD = BE + BF
367. BF = BG + BH
368. BH = BI + BJ
369. BJ = BK + BL
370. BL = BM + BN
371. BN = BO + BP
372. BP = BQ + BR
373. BR = BS + BT
374. BT = BU + BV
375. BV = BW + BX
376. BX = BY + BZ
377. BZ = CA + CB
378. CB = CC + CD
379. CD = CE + CF
380. CF = CG + CH
381. CH = CI + CJ
382. CJ = CK + CL
383. CL = CM + CN
384. CN = CO + CP
385. CP = CQ + CR
386. CR = CS + CT
387. CT = CU + CV
388. CV = CW + CX
389. CX = CY + CZ
390. CZ = DA + DB
391. DB = DC + DD
392. DD = DE + DF
393. DF = DG + DH
394. DH = DI + DJ
395. DJ = DK + DL
396. DL = DM + DN
397. DN = DO + DP
398. DP = DQ + DR
399. DR = DS + DT
400. DT = DU + DV
401. DV = DW + DX
402. DX = DY + DZ
403. DZ = EA + EB
404. EB = EC + ED
405. ED = EE + EF
406. EF = EG + EH
407. EH = EI + EJ
408. EJ = EK + EL
409. EL = EM + EN
410. EN = EO + EP
411. EP = EQ + ER
412. ER = ES + ET
413. ET = EU + EV
414. EV = EW + EX
415. EX = EY + EZ
416. EZ = FA + FB
417. FB = FC + FD
418. FD = FE + FF
419. FF = FG + FH
420. FH = GI + GJ
421. GJ = GK + GL
422. GL = GM + GN
423. GN = HO + HP
424. HP = HQ + HR
425. HR = IS + IT
426. IT = JU + JV
427. JV = KW + KX
428. KX = LY + LZ
429. LZ = MA + MB
430. MB = NC + ND
431. ND = OE + OF
432. OF = PG + PH
433. PH = QI + QJ
434. QJ = RK + RL
435. RL = SM + SN
436. SN = TO + TP
437. TP = UQ + UR
438. UR = VS + VT
439. VT = WU + WV
440. WV = XY + XZ
441. XZ = YA + YB
442. YB = ZC + ZD
443. ZD = AE + AF
444. AF = BG + BH
445. BH = CI + CJ
446. CJ = DK + DL
447. DL = EM + EN
448. EN = FO + FP
449. FP = GQ + GR
450. GR = HS + HT
451. HT = IU + IV
452. IV = JW + JX
453. JX = KY + KZ
454. KZ = LA + LB
455. LB = MC + MD
456. MD = NE + NF
457. NF = OG + OH
458. OH = PI + PJ
459. PJ = QK + QL
460. QL = RM + RN
461. RN = SO + SP
462. SP = TU + TV
463. TV = WU + WV
464. WV = XY + XZ
465. XZ = YA + YB
466. YB = ZC + ZD
467. ZD = AE + AF
468. AF = BG + BH
469. BH = CI + CJ
470. CJ = DK + DL
471. DL = EM + EN
472. EN = FO + FP
473. FP = GQ + GR
474. GR = HS + HT
475. HT = IU + IV
476. IV = JW + JX
477. JX = KY + KZ
478. KZ = LA + LB
479. LB = MC + MD
480. MD = NE + NF
481. NF = OG + OH
482. OH = PI + PJ
483. PJ = QK + QL
484. QL = RM + RN
485. RN = SO + SP
486. SP = TU + TV
487. TV = WU + WV
488. WV = XY + XZ
489. XZ = YA + YB
490. YB = ZC + ZD
491. ZD = AE + AF
492. AF = BG + BH
493. BH = CI + CJ
494. CJ = DK + DL
495. DL = EM + EN
496. EN = FO + FP
497. FP = GQ + GR
498. GR = HS + HT
499. HT = IU + IV
500. IV = JW + JX
501. JX = KY + KZ
502. KZ = LA + LB
503. LB = MC + MD
504. MD = NE + NF
505. NF = OG + OH
506. OH = PI + PJ
507. PJ = QK + QL
508. QL = RM + RN
509. RN = SO + SP
510. SP = TU + TV
511. TV = WU + WV
512. WV = XY + XZ
513. XZ = YA + YB
514. YB = ZC + ZD
515. ZD = AE + AF
516. AF = BG + BH
517. BH = CI + CJ
518. CJ = DK + DL
519. DL = EM + EN
520. EN = FO + FP
521. FP = GQ + GR
522. GR = HS + HT
523. HT = IU + IV
524. IV = JW + JX
525. JX = KY + KZ
526. KZ = LA + LB
527. LB = MC + MD
528. MD = NE + NF
529. NF = OG + OH
530. OH = PI + PJ
531. PJ = QK + QL
532. QL = RM + RN
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NOTICE OF PROPOSED AMENDMENTS

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

ATTACHMENT C

ATTACHMENT F

EXAMPLE

SCHEDULE OF DISCOUNTS

FOR REVISED GUIDELINES AS PUBLISHED IN FEDERAL REGISTER, 2/15/89, Vol. 54, No. 31

FAMILY SIZE	A	B	C	D	E	F	G	H	I	J	K
1	1380	1380	1380	1380	1380	1380	1380	1380	1380	1380	1380
2	1380	1380	1380	1380	1380	1380	1380	1380	1380	1380	1380
3	1380	1380	1380	1380	1380	1380	1380	1380	1380	1380	1380
4	1380	1380	1380	1380	1380	1380	1380	1380	1380	1380	1380
5	1380	1380	1380	1380	1380	1380	1380	1380	1380	1380	1380
6	1380	1380	1380	1380	1380	1380	1380	1380	1380	1380	1380
7	1380	1380	1380	1380	1380	1380	1380	1380	1380	1380	1380
8	1380	1380	1380	1380	1380	1380	1380	1380	1380	1380	1380
9	1380	1380	1380	1380	1380	1380	1380	1380	1380	1380	1380
10	1380	1380	1380	1380	1380	1380	1380	1380	1380	1380	1380

FOR FAMILY SIZE WITH MORE THAN 8 MEMBERS, FOR EACH ADDITIONAL MEMBER ADD TO COLUMN B \$2.00

A = Family size = 1 - Poverty Level

B = Family size = 2 - Poverty Level

C = Family size = 3 - Poverty Level

D = Family size = 4 - Poverty Level

E = Family size = 5 - Poverty Level

F = Family size = 6 - Poverty Level

G = Family size = 7 - Poverty Level

H = Family size = 8 - Poverty Level

I = Family size = 9 - Poverty Level

J = Family size = 10 - Poverty Level

K = Family size = 11 - Poverty Level

SLIDING FEE SCALE

SERVICE/PROCEDURES (a)	COST/ SERVICES	FEE	0%	20%	40%	60%	80%	100%
Minimal Services	\$13.98	\$14.00	N.C.	2.80	5.60	8.40	11.20	14.00
Brief/Intermediate Exam	22.87	23.00	N.C.	4.60	9.20	13.80	18.40	23.00
Extended Exam	38.12	39.00	N.C.	7.80	15.60	23.40	31.20	39.00
IUD Insertion	38.12	39.00	N.C.	7.80	15.60	23.40	31.20	39.00
Diaphragm fit	19.06	20.00	N.C.	4.00	8.00	12.00	16.00	20.00
Sonography/lost IUD	38.12	39.00	N.C.	7.80	15.60	23.40	31.20	39.00
X-ray/lost IUD	30.49	31.00	N.C.	6.20	12.40	18.60	24.80	31.00
RCT/HBG	.82	1.00	N.C.	.20	.40	.60	.80	1.00
Urinalysis	1.09	2.00	N.C.	.40	.80	1.20	1.60	2.00
Pregnancy Test	2.73	3.00	N.C.	.60	1.20	1.80	2.40	3.00
VDRL/RPR	5.84	6.00	N.C.	1.20	2.40	3.60	4.80	6.00
Pap Smear	5.86	6.00	N.C.	1.20	2.40	3.60	4.80	6.00
Gonorrhea Culture	8.46	9.00	N.C.	1.80	3.60	5.40	7.20	9.00
Miscellaneous Culture	20.54	21.00	N.C.	4.20	8.40	12.60	16.80	21.00
Bacterial Smear/Het Mount	1.37	2.00	N.C.	.40	.80	1.20	1.60	2.00
Sickle Cell	6.62	7.00	N.C.	1.40	2.80	4.20	5.60	7.00
PP Blood Glucose	5.36	7.00	N.C.	1.40	2.80	4.20	5.60	7.00
Cholesterol Level	5.84	6.00	N.C.	1.20	2.40	3.60	4.80	6.00
SMA-12	11.46	12.00	N.C.	2.40	4.80	7.20	9.60	12.00
Colposcopy	50.19	51.00	N.C.	10.20	20.40	30.60	40.80	51.00
Colposcopy and Biopsy	63.42	64.00	N.C.	12.80	25.60	38.40	51.20	64.00
Chlamydia	10.31	11.00	N.C.	2.20	4.40	6.60	8.80	11.00
Orals	1.06	2.00	N.C.	.40	.80	1.20	1.60	2.00
Creams	1.77	2.00	N.C.	.40	.80	1.20	1.60	2.00
Jellies	1.77	2.00	N.C.	.40	.80	1.20	1.60	2.00
Suppositories (each)	.25	.25	N.C.	.05	.10	.15	.20	.25
Foams	1.76	2.00	N.C.	.40	.80	1.20	1.60	2.00
Diaphragms	4.24	5.00	N.C.	1.00	2.00	3.00	4.00	5.00
IUDs	51.45	52.00	N.C.	10.40	20.80	31.20	41.60	52.00
Basal I & C	20.05	21.00	N.C.	4.20	8.40	12.60	16.80	21.00
Sponges (each)	.93	1.00	N.C.	.20	.40	.60	.80	1.00
Condoms (each)	.12	.25	N.C.	.05	.10	.15	.20	.25
Meds/Vag Inf	6.30	7.00	N.C.	1.40	2.80	4.20	5.60	7.00
Meds/STO	6.30	7.00	N.C.	1.40	2.80	4.20	5.60	7.00
Contraceptive Film	3.70	4.00	N.C.	.80	1.60	2.40	3.20	4.00
In-depth 1 Hour	20.79	21.00	N.C.	4.20	8.40	12.60	16.80	21.00
Counseling/15 Min. to 1 Hr.	13.23	14.00	N.C.	2.80	5.60	8.40	11.20	14.00

*Round to nearest .25

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

(Source: Added at 14 Ill. Reg. _____, effective _____)

Appendix C Family Planning Services Application Packet

Checklist for Completing the FY90
Family Planning Services Application

Check () the following items for completeness before submitting your application for processing. Each must be addressed, filled in or attached as indicated. **CHECKLIST MUST BE SUBMITTED WITH APPLICATION.**

Cover Sheet Attachment AComplete Sections 2 Applicant Organization _____3 Applicant Certification _____4 Type of Organization _____5 Grant Support Requested _____6 Type of Application _____7 Legislative District _____8 Date of Submission _____Page 2 Health Care Plan#10 complete narrative _____Page 3#11 define target area _____#12 list clinic(s) names(s) and
days/hours of operation _____Page 4#13 complete budget in accordance
with the attached budget and
expenditures category definitions _____Page 5

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

Page 2

Checklist - FY90

#14 complete cost analysis by IDPH methodology
Between Page 5 & 6 attach schedule of discounts
and sliding fee scale with charges based upon
1989 Poverty Guidelines.

5

5. Complete three (3) objectives

Complete attached Plans to Achieve
Objective/Program Progress Report
Forms three (3)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

ATTACHMENT A

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
135 WEST JEFFERSON STREET
SPRINGFIELD, ILLINOIS 62761

APPLICATION AND PLAN FOR PUBLIC HEALTH PROGRAM GRANT

PROGRAM TITLE: Family Planning Services

BRIEF SUMMARY: PROVIDE COMPREHENSIVE FAMILY PLANNING SERVICES PRESENT IN THE APPLICATION AND

SERVICES SUBMITTED BY THE APPLICANT. THE SERVICES WILL BE DELIVERED IN ACCORDANCE WITH THE

TREATMENT IS APPLICABLE RULES ENTITLED TITLE IV, PUBLIC HEALTH, CHAPTER 11, DEPARTMENT OF PUBLIC

HEALTH, 11-01, PROJECT, INTERNAL AND CHILD HEALTH PART 515, PROGRAM, INTENT AND GUIDELINES FOR TITLE V

Family Planning Services

APPLICANT ORGANIZATION:

NAME:

ADDRESS:

TELEPHONE:

FED. NUMBER:

PROJECT DIRECTOR:

FINANCE OFFICER:

1. APPLICANT CERTIFICATION:

To the best of my knowledge, the data and
statements in this application are true and
correct. The applicant agrees to comply with
all State/Federal statutes and Rules/Regulations
applicable to the program.

AUTHORIZED OFFICIAL:

DATE

SIGNATURE

2. TYPE OF ORGANIZATION:

☐ LOCAL HEALTH DEPARTMENT
☐ PRIVATE NON-PROFIT AGENCY
☐ OTHER

3. GRANT SUPPORT REQUESTED:

BEGINNING

ENDING

AMOUNT

6. TYPE OF APPLICATION:

☐ INITIAL ☐ CONTINUATION ☐ REVISION

7. LEGISLATIVE DISTRICT:

LEGISLATIVE

LEGISLATIVE

State Senate

REPRESENTATIVE

State Representative

8. DATE OF SUBMISSION:

Month

Date

Year

9. IMPORTANT NOTICE:

This state agency is requesting disclosure
of information that is necessary to accomplish
the statutory purpose as outlined under Illinois
Revised Statutes, Ch. 127, Par. 127 et. seq.
Failure to provide this information may result
in this form from being processed. This form has
been approved by the Forms Management Center.

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

Agency Name _____

APPLICATION AND PLAN FOR PUBLIC HEALTH PROGRAM GRANT (cont'd.) DATE FROM: _____ THROUGH _____

HEALTH CARE PLANS

INSTRUCTIONS: Complete a narrative summarizing the major features of the project including: 1. statement of need; 2. characteristics of the target area including other family planning resources; 3. methods used to conduct program and 4. measure its success.

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

Agency Name _____

APPLICATION AND PLAN FOR PUBLIC HEALTH PROGRAM GRANT (cont'd.) DATE FROM: _____ THROUGH _____

1. GEOGRAPHIC SERVICE AREA

INSTRUCTIONS: Define your target service area by listing county(ies) or community(ies) served.

12. CLINIC(S) SCHEDULE(S)

INSTRUCTIONS: List all clinics by name, address and days/hours of operation.

Clinic(s) Name(s)/Address(es)

Days/Hours of Operation

USE ADDITIONAL SHEETS IF NECESSARY

3/89

USE ADDITIONAL SHEETS IF NECESSARY

3/89

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS
Illinois Department of Public Health
Division of Family Health
Budget Category Definitions

Personal Services

"The item 'personal services' means the reward or recompense made for personal services rendered by an employee of the delegate agency in support of this project, or any amount required or authorized to be deducted from the salary of any such person or any retirement or tax law, or both, or deductions from the salary of any such person under the Social Security Enabling Act, or deductions from the salary of such person. Any employee is anyone who receives the fringe benefits offered by the delegate agency."

Contractual Services

"The item 'contractual services' means and includes: (a) Expenditures, incident to the current conduct and operation of an office, department, or agency in direct support of this project for postage and postal charges, telephone expenses, printing, office conveniences and services, exclusive of supplies as herein defined; (b) Expenditures of \$5,000 or less for repair or maintenance of property or equipment, utility services, professional or technical services; (c) Expenditures pursuant to multi-year lease, lease-purchase or installment purchase contracts for duplicating equipment authorized by the contract."

Travel

"The item 'travel', shall include any expenditure directly incident to official travel by employees of the project, involving reimbursement to travelers or direct payment to private agencies providing transportation or related services."

Supplies

"The item 'supplies' means and includes expenditures in connection with current operation and maintenance for the purchase of articles of a consumable nature which show a material change or appreciable depreciation with first usage, repair parts, and including tools and equipment having a unit value not in any instance exceeding \$50, but does not include any expenditure for library books or expenditure included in 'permanent improvements'."

Equipment

(purchase exceeding \$100)

"The item 'equipment', shall mean and include all expenditures for library books, and expenditures, having a unit value exceeding \$100, for the

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

Agency Name

APPLICATION AND PLAN FOR PUBLIC HEALTH PROGRAM GRANT - (Continued) DATE FROM: THROUGH: 13. BUDGET INSTRUCTIONS: All funds must be identified and assigned to categories in accordance with the budget and expenditures category definitions.

CATEGORY	Family Planning Award Budget		Title XIX Budget		Patient Fees Budget		Other Funds Budget		TOTAL Budget	
1. Personnel Services										
2. Contractual Services										
3. Supplies										
4. Travel										
5. Patient Care										
6. Equipment										
7. Total										

*Details must be provided below. Use additional sheets if necessary.

acquisition, replacement or increase of visible tangible personal property of a non-consumable nature."

Patient Care

"The item 'patient care' means services necessary for the care of patients that the delegate can not provide other than by an outside vendor. This includes medical and social service contracts."

IDPH (1987)

Illinois Department of Public Health
Division of Family Health
Expenditures per Category

Listed below are examples of the most common charges shown under their appropriate category. If you have any other type of expense, please do not hesitate to call for assistance in placing it in the correct category.

I. Personal Services

- 1. Fringe benefits
- 2. Salaries

II. Contractual Services

- 1. Advertising costs
- 2. Building and ground maintenance
- 3. Conference and registration fees
- 4. Contractual employees
- 5. Copy machine rental
- 6. Insurance (building, fire, theft and malpractice)
- 7. Legal services and accounting fees
- 8. Postage (including stamps)
- 9. Printing
- 10. Rent or lease of space of property
- 11. Repair and maintenance of furniture and equipment
- 12. Statistical and tabulation services (data processing)
- 13. Subscriptions
- 14. Telephone
- 15. Utility costs

III. Supplies

- 1. Contraceptives
- 2. Educational and instructional materials

- 3. Medical supplies
- 4. Office supplies
- 5. Pamphlets

IV. Travel

- 1. Lodging expenses
- 2. Per diem
- 3. Travel expense (mileage, train, or air fare)

V. Patient Care

- 1. Lab Work
- 2. Nurse practitioner for patient care (contracted out)
- 3. Physicians for patient care (contracted out)

VI. Equipment

- 1. All equipment that is purchased

IDPH (1987)

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

Agency Name _____

(cont'd) DATE FROM: _____ THROUGH _____

APPLICATION AND PLAN FOR PUBLIC HEALTH PROGRAM GRANT (cont'd.) DATE FROM: THROUGH:

5. OBJECTIVES

Complete the objectives below by inserting the numbers that are appropriate for your agency. Agencies must complete objectives #1 and #2 by inserting the numbers that are appropriate for their agency. #3 must be an individual agency objective. Also complete the attached Plans to Achieve Objectives/Program Progress Report forms using these numbers and listing the tasks necessary to meet the objectives.

Provide family planning services to _____ unduplicated users in need of subsidized family planning services during State Fiscal Year 1990. At least 85% of users will be in the group with income equal to or less than 150% of poverty; _____% of all users will be teenagers.

2. provide	#	information and education programs for an estimated	#	individuals
in communities served during State Fiscal Year 19				

3. Individual Agency Objective

PLANS TO ACHIEVE OBJECTIVES
PROGRAM PROGRESS REPORT

Agency _____ Project Period July 1, 1989 - June 30, 1990

Objective #1 Provide family planning services to _____ unduplicated users in need of subsidized family planning services _____ during State Fiscal Year 1990. At least 95% of users will be in the group with income equal to or less than _____ 150% of poverty. (7) % of all users will be teenagers.

Tasks to Meet Objective	SCHEDULE	Status of Task
	1. ASSESS NEEDS	
	2. IDENTIFY PROBLEMS	
	3. ANALYZE PROBLEMS	
	4. DEVELOP SOLUTIONS	
	5. IMPLEMENT SOLUTIONS	
	6. EVALUATE RESULTS	
	7. REEVALUATE NEEDS	
	8. REEVALUATE PROBLEMS	
	9. REEVALUATE SOLUTIONS	
	10. REEVALUATE IMPLEMENTATION	
	11. REEVALUATE EVALUATION	
	12. REEVALUATE REEVALUATION	
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ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

PLANS TO ACHIEVE OBJECTIVES
PROGRAM PROGRESS REPORT

FAMILY PLANNING SERVICES

Objective #2 Provide (g) Information and education programs for an estimated (g) individuals in communities served during State Fiscal Year 1990.

Project Period July 1, 1989 - June 30, 1990

SCHEDULE

Tasks to Meet Objective

STATUS OF TASK

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

PLANS TO ACHIEVE OBJECTIVES
PROGRAM PROGRESS REPORT

FAMILY PLANNING SERVICES

Project Period July 1, 1989 - June 30, 1990

Agency

Objective #3

SCHEDULE

Tasks to Meet Objective

Status of Task

DEPARTMENT OF PUBLIC HEALTH

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

NOTICE OF PROPOSED AMENDMENTS

Illinois Department of Public Health

Attachment A
Page 2

ILLINOIS FAMILY PLANNING RATE SCHEDULE

Effective July 1, 1990

SERVICE RATE

SERVICE RATE

BILLABLE MEDICAL SERVICES

CONTRACEPTIVE DRUGS & SUPPLIES

Minimal Service Exam
Brief/Intermediate Exam
Extended Exam
(Includes \$3.50 for provision
of basic AIDS education)
Intrauterine Device Insertion
Diaphragm Fit
Cervical Cap Fit

5.50
12.65
26.65
35.30
23.15
23.15
1.50/cycle
2.00/tube
1.30/tube
.25 each
2.00/can
4.50 each
84.00 each
15.00
.50 each
.15 each
5.00/medicati
2.00/pkg.
29.95 each

LABORATORY PROCEDURES

STERILIZATION

Hematocrit
Hemoglobin
Urinalysis/Dipstick
Pregnancy Test
Papanicolaou Smear
Wet Mount/Gram Stain
Miscellaneous Culture
Sickle Cell Screening
Post-prandial Blood Glucose
Cholesterol Level
SMA-12 Fasting Level
Colposcopy
Colposcopy with Biopsy
Chlamydia Test

3.30
3.30
3.30
8.90
8.63
4.40
5.75
5.75
6.80
16.45
29.75
39.90
6.50
Pre-Counseling
Female Sterilization
(Reimbursement only with prior
approval from IDPH)
Male Sterilization
(Reimbursement only with prior
approval from IDPH)

COMPLICATIONS

BILLABLE COUNSELLING

X-rays/Lost IUD
Sonography/Lost IUD

36.40
60.65
Indeph/1 Hr.
Education/Counseling
(15min. - 1 hr.)

Poverty Level

Reimbursement

0 - 100%
101 - 150%
151 - 200%
201 - 250%
Medicaid
251 - Above

Full rate + 25%
85% of full rate + 15%
One-third of full rate + 15%
15% only based on one-third rate
25% of full rate
No reimbursement

3947f
4/89

Illinois Department of Public Health
Family Planning Service Definitions

Billable Medical Services

Reimbursement will be provided for the services and procedures in this section when prescribed, furnished, directed or supervised by a physician. These services are exclusive of laboratory procedures; treatment of complications; billable counseling; and provision of contraceptive drugs, supplies and devices.

1. Family Planning Minimal (Service) Examination - Examination accompanying routine medical revisits to an established client. May include IUD check, diaphragm placement check, visualization of vagina and cervix, possible palpation, weight and blood pressure.
2. Family Planning Brief/Intermediate Examination - Usual examination accompanying problem medical revisits which require a physical examination. Services vary and may include pregnancy diagnosis, vaginal infection, PID, possible IUD complications, follow up on a breast lump or suspicious PAP.
3. Family Planning Extended Examinations - Family planning examinations usually accompanying an initial and annual visit. Examination includes a complete physical including recto-vaginal examination, breast examination, weight and blood pressure.
4. Insertion of IUD - Placement into the uterus (by either the push or withdrawal technique) of an FDA approved contraceptive device following the sounding of the uterus.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

5. Diaphragm Fitting - Selection of appropriate size diaphragm based on depth of the vagina and perineal muscle tone.

Laboratory Procedures - The following routine and special laboratory services are reimbursable in connection with the physical examination and evaluation or if needed as a result of positive history or if deemed medically necessary at the time of examination by the attending physician or medical director in charge.

1. Hematocrit/Hemoglobin
2. Urinalysis/Dipstick
3. Pregnancy Test
4. Papanicolaou Smear
5. Wet Mount/Gram Stain - (e.g., Trichomoniasis, Candidiasis, Gardnerella)
6. Miscellaneous Culture - (e.g., Herpes, Urine)
7. Sickle Cell Screening
8. Post-Prandial Blood Glucose
9. Triglycerides Fasting Level Confirmation Test
10. SMA-12
11. Colposcopy - Examination of vagina and cervix by means of the colposcope.
12. Colposcopy with Biopsy - Examination of vagina and cervix by means of the colposcope with removal and examination of tissue.
13. Chlamydia Test - Direct smear FA and enzyme immunoassay (ELISA)

Complications - Occasionally, complications may develop. Such services related to complications will be limited to the following.

1. Sonography/Lost IUD - A record or display obtained by ultrasonic scanning for purpose of locating IUD.
2. X-Ray & Interpretation - Up to two x-rays for the purpose of determining location of IUD.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

Billable Counseling

1. Indenth/1 Hr. Counseling - Counseling designed to assist the individual client in understanding and successfully dealing with an identified problem. Such counseling may be related to the emotional aspects of a medical problem or may involve health education. This service should be completed by professional staff such as the public health nurse, health educator or social worker. Such counseling may require only one session or may involve multiple sessions to insure that the client has developed sufficient insight to deal with the related issues. This is not to be understood as a patient education session associated with a medical visit. The time expectation for delivery of this service is approximately 1 hour.
2. Education/Counseling (15 minute to 1 hour) - Education or counseling services related to the effective utilization of a family planning method and documented in the patient file. Time expectation for delivery of this service is approximately 15 minutes.

Contraceptive Supplies and Drugs - Reimbursement will be made for the following:

1. Oral Contraceptives
2. Creams
3. Jellies
4. Suppositories
5. Foams
6. Diaphragms
7. IUDs
8. Basal Thermometer & Charts
9. Sponges
10. Condoms
11. Vag/STD Rx
12. Contraceptive Film

Sterilization - The following will be provided under the family planning program if sterilization is medically indicated and IDPH gives prior approval.

1. Pre-Counseling
2. Female Sterilization
3. Male Sterilization
4. Anesthesia
5. Pathology

(Source: Added at 14 Ill. Reg. _____, effective _____)

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

Appendix D Instruction Manual For the BCHS Common Reporting Requirements

Instruction Manual
For the BCHS
Common Reporting Requirements

Revised January 1, 1982

U.S. Department of Health and Human Services
Public Health Service
Health Services Administration
Bureau of Community Health Services
Rockville, Maryland 20857

NOTICE OF PROPOSED AMENDMENTS

TABLE OF CONTENTS
FOR
BCHS COMMON REPORTING REQUIREMENTS (BCRR)
INSTRUCTION MANUAL

SECTION	PAGE
Preface: Summary of Revisions	
I Legislative Reference and Intent	
II When Reports Are Due	
III Who Should Submit Reports	
IV Which Tables Apply to Specific BCHS Programs	
V Use of the Instruction Manual	
VI Definitions of Terms and Instructions for Completing Each Table of the BCRR	
FACE SHEET (Instructions p. , Table p.)	
TABLE 1 (" " p. , " " p.)	
TABLE 2-A (" " p. , " " p.)	
TABLE 2-B (" " p. , " " p.)	
TABLE 3 (" " p. , " " p.)	
TABLE 4 (" " p. , " " p.)	
TABLE 5 (" " p. , " " p.)	
TABLE 6 (" " p. , " " p.)	
TABLE 6 Worksheet A (" " p. , " " p.)	
TABLE 6 Worksheet B (" " p. , " " p.)	
TABLE 7 (" " p. , " " p.)	
TABLE 8 (" " p. , " " p.)	

Calculations of BCHS Indicators for Funding

Sampling Procedures

Bibliography of Resource Materials

Index of Terms

The material in this manual should be read completely and in the

NOTICE OF PROPOSED AMENDMENTS

order presented before attempting to fill out the tables.

LIST OF EXHIBITS

	V-1	Data Managers	PAGE
	VI-1	Listings of Personnel by Functional Cost Center	
	VI-2	List of Examples of Clinic Overhead Costs	
	VI-3	Adjustments Necessary to Convert Costs from Cash to Accrual Basis for TABLE 6	

PREFACE: SUMMARY OF REVISIONS

The 1982 revision of the Instruction Manual for the Bureau of Community Health Services Common Reporting Requirements (BCRR) supercedes all previous BCRR manuals and guidances. In updating the BCRR, the Bureau of Community Health Services (BCHS) sought and obtained project level input in order to make the BCRR a more precise evaluation and management tool. The BCRR is also intended to provide data for the Bureau's Productivity Effectiveness Initiative and other major Bureau initiatives.

Reporting requirements have been modified to simplify data collection and reporting. Overall, the number of data cells in the BCRR has been reduced by approximately 40 percent, from 283 cells in the 1980 version to 171 cells in the present version. When compared with the original 1977 version of 660 cells and the 1978 version of 390 cells, the 1982 revision represents a continuing effort to reduce the amount of data reported.

The revised tables have eliminated several reporting categories; e.g., dental users by age category, male family planning users, prenatal users and hospital admissions by project staff. Portions of the selected clinical indicators have been deleted and estimated users at risk are no longer reported. Cost breakdowns have been consolidated.

TABLE 7 (Accounts Receivable, Charges and Collections) has been reinstated as a reporting requirement for most programs; however, data are now reported in the aggregate rather than by source of funds.

The reporting frequency for the BCRR tables has been standardized. All tables, except TABLE 5 (Selected Clinical Services), are now submitted semi-annually on a calendar year-to-date basis (January through June and January through December). TABLE 5 is submitted semi-annually; however, the information reported covers only the six month reporting period (January

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

through June and July through December) and is not on a year-to-date basis.

To assist grantees in interpreting their own BCRR data, Section VII of this manual describes the standards and formulae for calculating the BCHS clinical and administrative funding indicators used in tracking the Bureau's Productivity Effectiveness Initiative. Section VIII provides a brief summary of sampling procedures to assist grantees in estimating user counts. Section IX contains a bibliography of BCHS publications, which in no way is an exhaustive list, but which may be helpful to grantees in collecting and organizing data for the BCRR.

Reporting requirements for Title X Family Planning grantees have been modified. Tables 2B and 8 are now the only tables required to be reported in their entirety. Tables 1, 2A, 4 and 7 are not required for submission. On Table 3, only Section A (lines 1, 3, 4, 5 and 6) should be completed; all other columns, including the totals, should be left blank. On Table 5, only adolescent family planning, pap smear follow-up, and hypertension follow-up, Lines 3-5, are applicable. On Table 6, grantees should only complete Lines 1, 2, 4 and 7 of the Health Care Functions, with Line 7 including the aggregate of all other Health Care Function costs not shown elsewhere; Lines 11, 12 and 13 are still required as in previous reports.

SECTION I

LEGISLATIVE REFERENCE AND INTENT

The Bureau of Community Health Services (BCHS) is responsible for the administration of the Community Health Center Program, Family Planning Program, and Migrant Health Program. The Bureau of Health Personnel Development and Service (BHPDS) is responsible for the National Health Service Corps (NHSC) Program.

In order to improve the way the Bureaus manage the above programs and to assure compliance with the legislative intent of each of these programs, BCHS has established the BCHS Common Reporting Requirements (BCRR). The data collected through the BCRR will be used to accomplish the following objectives:

- to assure compliance with legislative mandates;
- to report to Congress regarding program status;
- to conduct program evaluation, including comparisons among programs, States, and Regions;
- to provide a data base for objective grant awards; and
- to identify areas in which grantees need technical assistance.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

Each of the above programs is affected by the BCRR, and each has in its legislation and regulations sections that either allude to or require the collection of data relating to the costs of project operations, the patterns of utilization of services, and the availability of services. The applicable sections of the authorizing legislation are referenced below.

- Community Health Center Program: Section 330 of the Public Health Service Act (e-2-H).
- Family Planning Program: Title X of the Public Health Service Act: Section 1009-a, b, and c.
- Migrant Health Program: Section 329 of the Public Health Service Act (f-2-H).
- National Health Service Corps: Section 331 of the Public Health Service Act.

To satisfy the Bureaus' management and information needs, operational data are collected routinely by BCHS and BHPDS through the BCRR. The level of funds allocated to the Regional Offices for BCHS discretionary grant programs is substantially dependent upon the data reported by grantees through the BCRR. Failure to report by the grantees, therefore, affects the amount of funds available to the Regional Office, and, in turn, to the grantees. BCRR data are also used in the computation of bills to BCHS sponsoring organizations for National Health Service Corps assignees, and failure to report affects any potential reduction in the bill for the reasonable cost of assignees. For these reasons, the Bureaus, in conjunction with the Regional Offices, routinely conduct data validation activities.

The data to complete required reports can be obtained directly from the outputs of a basic information system in any health organization. Specifically, the data in the BCRR come directly from the following subsystems:

- personnel/payroll;
- accounting;
- billing;
- patient records; and
- encounter forms/daily log.

With the exception of providing definitions to assist in the preparation of these reports, the manual neither attempts to prescribe a comprehensive management information system, nor to describe all of the data elements needed by grantees for internal management purposes. However, the BCRR may be used

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

as a governing board and management monitoring tool and to provide information in preparing an annual program plan or grant application.

SECTION II

WHEN REPORTS ARE DUE

A. Grantees are in violation of Public Health Service policy if they fail to submit reports that are complete, timely, accurate and valid. Timely submission is defined as the report being received no later than the deadline established by the Regional Office. Grantees are ineligible to receive continuation support if they fail to comply with the submission requirements of the BCRR. In order to ensure prompt receipt by Regional Offices, it is strongly recommended that all reports be sent by certified mail with return receipt requested.

B. The FACE SHEET must be included each time any table is submitted. The reporting period for the FACE SHEET should match the reporting period for each attached table submitted. Tables with different reporting periods should be submitted under separate FACE SHEETS.

C. All TABLES except TABLE 5 are submitted semi-annually on a cumulative calendar year-to-date basis for the reporting periods January 1 through June 30 and January 1 through December 31. New grantees which become operational after the beginning of the calendar year must report for the portion of the year for which they have been operational. In an exceptional case, a Regional Office may request a grantee to report on a quarterly basis using the following reporting periods: January 1 through March 31; January 1 through June 30; January 1 through September 30; and January 1 through December 31. For TABLES 6 and 8, only the designated subtotal and total cells should be completed on the first six month report (or the first three quarterly reports). The entire table should be completed for the twelve month reporting period.

D. TABLE 5 is submitted semi-annually but information reported covers only the six month reporting period (January through June or July through December).

E. The following table summarizes the schedule for submitting the BCRR:

Table	Frequency of Report	No. of Copies	Reporting Period
1, 2-A, 2-B, 3, 4, 6, 7 & 8	Semi-Annually	3	Jan. 1 - June 30 Jan. 1 - Dec. 31

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

5 Semi-Annually 3 Jan. 1 - June 30

SECTION III

WHO SHOULD SUBMIT REPORTS

A. The tables in the BCRR must be submitted by all organizations directly receiving Federal funds under any or all of the legislative authorities listed in Section 1. Only Federal grantees and free-standing National Health Service Corps (NHSC) sites are required to submit the BCRR. Grantees in the planning and development phase which do not yet deliver services are not required to submit the BCRR. The BCRR should reflect only the operational activities of the BCHS grantees.

B. Organizations submitting the BCRR normally report on their entire activities even though they may be supported only in part by the BCHS grant(s). The scope of services or activities proposed in the approved application for BCHS grant funds will define the extent to which a grantee reports on the BCRR.

The NHSC Memorandum of Agreement defines the extent to which a free-standing National Health Service Corps site reports on the BCRR. The extent of reporting by National Health Service Corps providers assigned to non-BCHS supported grantees (e.g., hospitals, Community Mental Health Centers, private group practices) will be determined by the Regional Office on a case-by-case basis.

C. Some BCHS grantees may be unable to comply with all of the reporting requirements of the BCRR. If a grantee determines that it cannot complete one or more of the BCRR tables in the manner specified in this manual, the grantee must submit a request to the Regional Office for a waiver. This request must specify which table(s) cannot be completed properly and the reasons therefor. These waiver requests will typically accompany the grantee's continuation application. All deviations from the reporting requirements will be handled by the Regional Office on a case-by-case basis and must be based on a demonstration that:

- the grantee operates in a unique way such that all or part of the particular table under question is not appropriate; or
- the grantee has experienced an unforeseen temporary condition which affects the grantee's operation for a specific and limited period of time and prevents the grantee from submitting one or more of the required BCRR tables.

The Regional Office is responsible for evaluating the waiver requests and taking appropriate action with the approval of the Regional Health

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

Administrator. Typically, the action taken will be either to:

- deny the request for a waiver; or
- approve the waiver by allowing the grantee a fixed period of time (not to exceed one year) to complete the report(s); or
- establish an alternate reporting mechanism for the grantee which will be used by the Region to monitor the grantee.

The Regional Office will then communicate the approved waiver(s) in writing to the Central Office of BCHS. Significant waivers are to be made a part of the grantee's Notice of Grant Award or Memorandum of Agreement.

D. BCHS grantees which are Federally qualified HMOs should submit only TABLES 1 and 5, unless they also receive Title X Family Planning funding, in which case they should also complete TABLE 2-B.

E. BCHS grantees with WIC Programs should integrate the utilization, staffing, costs, revenues and expenditures associated with these services into the BCRR. However, WIC monies used for food and associated food distribution costs should not be reported on the BCRR since the project is merely acting as a conduit for the funds.

F. Title X Family Planning umbrella agency grantees should submit BCRR reports covering both the health care delivery and administrative aspects of their grants; i.e., a consolidated report of all delegate agency activity and the umbrella agency administrative activities. (See Preface, page iv.)

G. All grantees with multiple grants or service sites, either under their direct control (e.g., satellite clinics) or as a result of a delegate or contractual arrangement, are required to maintain adequate records to show how their consolidated reports were derived.

- Grantees that fund one or more delegates should work with the delegates to determine methods by which the grantee can report only the share of the delegates' operations that is associated with the delegates' funding from the grantee. Instruction 1, below describes two possible methods for obtaining the statistics (users, encounters, staffing, administrative and service delivery costs, and accounts receivable) to be reported.

- Grantees that fund one or more organizations on a contractual basis should report the contractor's operations only to the extent that they are paid for under the contractual arrangement.

H. Grantees that receive support directly from BCHS and/or BHPDS under more

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

than one of the programs described in Section I should submit one set of BCRR tables summarizing all of their operations which are fully or partially supported by BCHS resources.1

I. A grantee which is a direct recipient of BCHS support and also serves as a delegate agency for one or more other BCHS grantees should report as follows.

- Submit three (3) copies of the BCRR tables to the Regional Office covering all BCHS supported operations; that is, operations directly supported by BCHS plus operations supported through delegate funding.
- Submit one copy of these same BCRR tables that summarize all of its activities to each of the other BCHS grantees from which funding is received. Each of these other grantees will then determine the delegate agency user, encounter, staffing and financial data to be included in its consolidated report.

The determination of the relevant delegate agency statistics by the grantee may be accomplished by any of the following methods.

- Through sampling and/or estimation, determine what portion of all users, encounters, staffing and financial data is generated as a result of the funding supplied by the BCHS grantee. Then use these percentages to prorate the data to be reported to BCHS. For example, if sampling indicates that 20 percent of the encounters generated by the delegate agency were associated with the services funded by the BCHS grantee, then 20 percent of the encounter volume would be reported to BCHS for the delegate agency's operation.

- If actual data are not accessible and sampling/estimating cannot be performed for a specific data element required by the BCRR, then determine the portion of activities to be reported on behalf of the delegate agency by the BCHS grantee as follows:

The organization is receiving funds directly from BCHS under one or more programs as well as possibly through a delegate or contractual arrangement with an intermediary organization such as an umbrella agency.

Amount of Funds Received from BCHS Grantee	Total Number of Users, Encounters, Staff, Costs, etc., reported by the Delegate Agency
DIVIDED BY	X
Amount of Delegate Agency's	

Total Funding

See the example following this section.

- Any questions concerning the proper reporting of delegate agency and/or contractor operations should be discussed with the grantee's Project Officer or the Data Manager in the Regional Office to determine appropriate reporting procedures.

EXAMPLE OF DELEGATE AGENCY PRORATING

BASED ON FUNDING

REVENUES OF TITLE X DELEGATE

Title X Grant Funds from Grantee	\$600,000
Other Funding Sources	\$200,000
Total Funding	\$800,000
Reimbursements for Services	\$100,000
Total Revenue	\$900,000

- The Title X grantee's share of the delegate agency's operations would be based on the percentage of:

Title X Grant (\$600,000) to total Funding (\$800,000), or 75%.

- The delegate's total counts of users, encounters, staffing, costs, reimbursements, etc., would be multiplied by 75% to obtain the amounts to be reported as part of the Title X grantee's BCRR.

- Note that the percentage is based on total funding, not total revenue, but that the percentage obtained can be applied to the amount of Reimbursements for Services if this is the only method by which the reimbursements for delegate agency activities can be determined.

- The Title X grantee's BCRR includes data from all of its delegate agencies plus data from its own operations.

NOTE: No delegate agency should submit reports directly to the Regional Office unless the delegate agency is also a BCHS grantee.

SECTION IV

WHICH TABLES APPLY TO SPECIFIC BCHS PROGRAMS

The chart below summarizes the applicability of each table to specific BCHS and BHPDS programs.

The program codes used to identify BCHS and BHPDS programs in the BCRR are listed below.

CH - Community Health Center

FP - Title X Family Planning

HC - National Health Service Corps

MH - Migrant Health

BCHS PROGRAM

TABLE	CH	FP	HC	MH
Face Sheet	1	1	1	1
1	1	3	1	1
2-A	2	3	2	2
2-B	1	1	3	1
3	1	5	1	1
4	1	3	4	1
5	1	5	4	1
6	1	5	1	1
7	1	3	1	1
8	1	1	1	1

Key: 1 - Entire table applies

- If project serves migrant and/or seasonal agricultural workers and their families, complete LINE 1 and/or 2.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 3 - Not applicable, unless required by the Regional Office with BCHS concurrence.
- 4 - Applicable to free-standing sites that provide medical services.
- 5 - Only a portion of the table applies.

SECTION V

USE OF THE INSTRUCTION MANUAL

FORMAT

Each of the BCRR tables is explained in a separate subsection within Section VI of the manual. Each subsection is organized in a format which includes the following four major headings:

APPLICABILITY This lists the BCHS and BHPDS programs which must submit the table. Some of the tables will not be applicable, in whole or in part, to certain BCHS or BHPDS programs.

DEFINITIONS All terms applicable to the table are listed within this section. Terms are explained as they appear or are relevant to the table. In those instances in which terms are more relevant to another table or have been explained previously, a page reference to the location of the detailed explanation is listed. An index of terms is included at the end of this manual.

INSTRUCTIONS This provides information on how to record the required data on each table. In some instances, both general and specific instructions are provided. The portion of the table for which the instructions are applicable is indicated by column letter (COL.) and line number (LINE).

FREQUENCY This specifies the reporting period for which data must be entered on each table.

TABLES

The following is a brief summary of each table.

TABLE 1: Number of Users by Type of Provider, Age, and Sex for This Reporting Period

This table shows the number of users, defined by sex and age, who received medical services provided by the grantee at least once during the reporting period. The total number of male and female dental users is also shown on the table. This table can be utilized in evaluating service area needs by illustrating the extent to which services are being provided

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

to specific age and sex groups. By combining the data from this table with the encounter service data on TABLE 3, the average number of encounters per user can be calculated.

TABLE 2-A: Utilization of Special Population Groups for This Reporting Period

This table shows the number of migrant and seasonal agricultural workers and family members who were medical and dental users during the reporting period.

TABLE 2-B: Number of Family Planning Users by Type of User and Age for This Reporting Period

This table shows the number of female users of family planning services. These users are classified further according to whether their family incomes were above or below 150% of the poverty level. In addition, the number of female adolescent users of family planning services is shown.

TABLE 3: Personnel by Functional Cost Center and Encounters by Type of Provider for This Reporting Period

This table provides a summary of all grantee personnel (identified as NHSC assignees or other staff personnel) allocated to the functional area in which each performs his/her duties and responsibilities. In addition, it shows the number of onsite encounters by staff providers and all other encounters (offsite and nonstaff) during the reporting period according to the appropriate functional cost center. This table is utilized to calculate provider productivity.

TABLE 4: Hospital Inpatient Care by Type of Encounter for This Reporting Period

This table reports the number of staff provider hospital encounters by type: i.e., pediatric, internal medicine, obstetric and other. This table can be used to complement the data from TABLE 3 in evaluating provider productivity.

TABLE 5: Selected Clinical Services for This Reporting Period

This table records grantee performance on five selected clinical indicators: immunization levels; family planning counseling for adolescents; pap smear follow-up; hypertension follow-up; and anemia screening. This table helps to ensure that appropriate patient care tracking systems and protocols are in place to enable projects to provide high quality primary health care services.

TABLE 6: Costs Before and After Distribution by Functional Cost

This table shows the costs of operation during the reporting period, based on accrual methods of accounting. These costs are allocated to the functional cost centers specified on TABLE 3 and are categorized as personnel, other costs (including consultant, contract, facility, equipment, supplies, depreciation and insurance), and donated goods and services. In addition, clinic overhead functional costs: i.e., administration and facility costs, are distributed to the various health care functional areas by use of the TABLE 6 Worksheet B in order to arrive at total direct and indirect costs of the health care functions.

TABLE 7: Accounts Receivable, Charges and Collections by Source of Funds for This Reporting Period

This table shows the total beginning and ending accounts receivable and charges and collections for reimbursable services provided by a grantee during the reporting period. It also shows the amount of adjustments by type: e.g., disallowances and reductions, sliding payment scale adjustments, bad debt write-offs, etc. Information from this table can be utilized to compare charges to the costs shown on TABLE 6 and to calculate the average collection period.

TABLE 8: Summary of Receipts and Expenditures for This Reporting Period

This table shows cash receipts and expenditures for the reporting period. It includes all receipts from federal grants, collections from patients and third parties for services rendered, receipts from other sources, such as state and local funds, NHSC loans and capital and non-capital expenditures. This table can be used to examine a grantee's sources and uses of funds and to assist in budget preparation.

INSTRUCTIONS FOR SUBMITTING REPORTS

1. Submit three copies of the reports to the appropriate Regional Office Data Manager or BCRR Coordinator (unless the Regional Office specifies otherwise). A list of Data Managers and their addresses is provided in Exhibit V-I.

NOTE: In order to ensure prompt receipt by Regional Offices, it is suggested that reports be sent by certified mail with return receipt requested and be postmarked no later than 7 days before the due date established by the Regional Office.

2. All questions must be directed to the Regional Office Data Manager.
3. Any table completed either in a manner inconsistent with the definitions

and instructions used in the Instruction Manual for the BCRR or by sampling must have an attached explanation. Because it may not be possible to incorporate data into the BCRR processing system when non-standard definitions are used, all deviations from the reporting requirements will be handled through the Regional Office on a case-by-case basis. Any grantee or NHSC site which is unable to comply with the definitions and instructions of this manual must submit a request to the Regional Office for an exemption specifying which tables cannot be completed properly and the reasons therefor. For further information see paragraph C of Section III, page 5.

4. When submitting revisions of tables or tables omitted from a previous submission:
 - a. do not include tables with different due dates under one FACE SHEET;
 - b. include only those tables that have been revised or not previously submitted for this reporting period; do not include tables which have been submitted and require no revision;
 - c. indicate the reporting period on both the FACE SHEET and the table(s);
 - d. if the entire table is not being revised, circle the specific data cells which are being revised to bring attention to them; and
 - e. follow the distribution schedule in 1. above.

5. Do not submit any blank tables.

- a. If the entire table is "not applicable" (according to the program applicability chart of page 11), check the appropriate box on the FACE SHEET and do not submit the table.
- b. If any part of a table is applicable, only the cells containing activity should be completed. If the table is applicable, but there is no activity to be reported on it, the table must be submitted with the note "zero activity" indicated on the table. An applicable report which is not submitted constitutes noncompliance.

DEFINITION OF GENERAL TERMS

PROGRAM: The Federal (Bureau of Community Health Services and the Bureau of Health Personnel Development and Service) sources of support for health projects. This support is in the form of grants (Community Health Center, Migrant Health Center, Family Planning) and/or health care personnel (BHPDS). The BCBS and BHPDS programs affected by these reporting requirements are listed in Section 1.

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

GRANTEE: The public or private nonprofit entity that is the direct recipient of BCHS grants or BHPDS personnel. A grantee may be the recipient of grants from more than one BCHS program and may have NHSC assignees.

HEALTH SERVICE SITE: For the purpose of these reporting requirements, this term is used to identify locations or sites where a grantee provides BCHS or BHPDS supported health services to patients on a regularly scheduled basis. A site could be a free-standing clinic facility, physician's office, mobile unit or clinic within a nonhealth related facility (e.g., a clinic located in a church).

EXHIBIT V-I

DATA MANAGERS

BCCR Data Manager
PHS/DHHS Region I
John F. Kennedy Building, Room 1402
Boston, MA 02203

BCCR Data Manager
PHS/DHHS Region II, Room 3300
26 Federal Plaza
New York, NY 10007

BCCR Data Manager
PHS/DHHS Region III
P. O. Box 13716
Philadelphia, PA 19101

BCCR Data Manager
PHS/DHHS Region IV
101 Marietta Tower, Suite 1202
Atlanta, GA 30323

BCCR Data Manager
PHS/DHHS Region V
300 South Wacker Drive, 33rd Floor
Chicago, IL 60606

BCCR Data Manager
PHS/DHHS Region VI
1200 Main Tower Building, 18th Floor
Dallas, TX 75202

BCCR Data Manager
PHS/DHHS Region VII

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

FORM APPROVED
JAN 10 1988
JAN 10 1988

1) BCCR Reporting No.		2) Check one: <input type="checkbox"/> Initial Submission <input type="checkbox"/> Revision	
3) REPORT FOR PERIOD (Check One & Complete Date)			
January 198		through June 198	
January 198		through December 198	
January 198		through _____ 198	
4) Sponsor/Grantee Name			
BUREAU OF COMMUNITY HEALTH SERVICES COMMUNITY HEALTH SERVICES 1001 443-2328			
5) Project Name and Address			
PUBLIC HEALTH SERVICE Bureau of Community Health Services Division of Monitoring and Analysis 5500 Piquette Lane Detroit, MI 48202			
6) Project Name/Address Change YES/NO/YES/NO <input type="checkbox"/> Yes <input type="checkbox"/> No			
7) Program(s)			
8) Name of Person Preparing Report			
9) Area Code and Business Telephone Number of Person Preparing Report			
10) Director (name)			
11) Signature & Date			

III. Check these boxes not submitted with this report because they are totally inappropriate for the reason listed. (do not submit blank entries)
☐ A. Only Jordan is primary care project/grantee.
☐ B. Only Jordan is primary care project/grantee.
☐ C. Only Jordan is primary care project/grantee.
☐ D. Only Jordan is primary care project/grantee.
☐ E. Only Jordan is primary care project/grantee.
☐ F. Only Jordan is primary care project/grantee.
☐ G. Only Jordan is primary care project/grantee.
☐ H. Only Jordan is primary care project/grantee.
☐ I. Only Jordan is primary care project/grantee.
☐ J. Only Jordan is primary care project/grantee.
☐ K. Only Jordan is primary care project/grantee.
☐ L. Only Jordan is primary care project/grantee.
☐ M. Only Jordan is primary care project/grantee.
☐ N. Only Jordan is primary care project/grantee.
☐ O. Only Jordan is primary care project/grantee.
☐ P. Only Jordan is primary care project/grantee.
☐ Q. Only Jordan is primary care project/grantee.
☐ R. Only Jordan is primary care project/grantee.
☐ S. Only Jordan is primary care project/grantee.
☐ T. Only Jordan is primary care project/grantee.
☐ U. Only Jordan is primary care project/grantee.
☐ V. Only Jordan is primary care project/grantee.
☐ W. Only Jordan is primary care project/grantee.
☐ X. Only Jordan is primary care project/grantee.
☐ Y. Only Jordan is primary care project/grantee.
☐ Z. Only Jordan is primary care project/grantee.

*Grantee activities support from one or more BCHS programs will report the individual costs for each program included and the grant number relating to each program (except in free-standing NHSC sites). The costs are as follows:
CH - Community Health Center (includes CHC)
EP - Title X Family Planning
HC - National Health Service Corps (BHPDS)
NM - National Health Service Corps (BHPDS)

1. Submit:
a. Letter to the Data Manager
b. Letter to the Regional Office
c. Letter to the Regional Office
d. Letter to the Regional Office
e. Letter to the Regional Office
f. Letter to the Regional Office
g. Letter to the Regional Office
h. Letter to the Regional Office
i. Letter to the Regional Office
j. Letter to the Regional Office
k. Letter to the Regional Office
l. Letter to the Regional Office
m. Letter to the Regional Office
n. Letter to the Regional Office
o. Letter to the Regional Office
p. Letter to the Regional Office
q. Letter to the Regional Office
r. Letter to the Regional Office
s. Letter to the Regional Office
t. Letter to the Regional Office
u. Letter to the Regional Office
v. Letter to the Regional Office
w. Letter to the Regional Office
x. Letter to the Regional Office
y. Letter to the Regional Office
z. Letter to the Regional Office

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

601 East 12th Street, 5th Floor West
Kansas City, MO 64106

BCRR Data Manager
PHS/DHHS Region VIII
1961 Stout Street
Denver, CO 80294

BCRR Data Manager
PHS/DHHS Region IX
Federal Office Building
50 Fulton Street
San Francisco, CA 94102

BCRR Data Manager
PHS/DHHS Region X
Mail Stop 833
1321 Second Avenue
Seattle, WA 98101

SECTION VI

DEFINITIONS OF TERMS AND INSTRUCTIONS FOR
COMPLETING EACH TABLE OF THE BCRR

NOTE: The material in this section should be read completely and in the order presented. The definitions and concepts necessary for proper completion of each table require that the person(s) responsible for completion of the BCRR be familiar with the material presented prior to that table. For example, TABLE 2-A cannot be completed without having read the definitions and instructions for the FACE SHEET and TABLE 1.

FACE SHEET

INSTRUCTIONS FOR COMPLETING THE FACE SHEET

1. BCRR REPORTING NUMBER: The six-eight digit number which is assigned to the grantee or site by the Regional Office uniquely identifies a reporting grantee and must be included on the FACE SHEET in order to assure proper accreditation of the submission.
2. INITIAL SUBMISSION OR REVISION: Place an "X" in the appropriate box to indicate whether this is the initial submission for this reporting period or a revision of a previously submitted table(s).
3. REPORTING PERIOD: Place an "X" in the appropriate reporting period box and enter the terminal digit for the year. If the grantee or site submits reports on a quarterly basis, an "X" should be placed in the

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

last box and the appropriate dates entered.

4. SPONSOR/GRANTEE NAME: Enter the name of the legal recipient of the grant or the sponsor of the NHSC assignee(s).
5. PROJECT NAME AND ADDRESS: Enter the name and address of the project as shown in grant applications and other correspondence with the Regional Office. This project name will usually be the same as the sponsor or grantee name.
6. PROJECT NAME/ADDRESS CHANGE: Check the appropriate box to indicate any changes in the name and/or address of the project which may have occurred since the last BCRR report was submitted.
7. PROGRAM(S)/GRANT NUMBER: Enter the BCHS program code(s) under which your project is receiving grant funds. Enter only those programs for which your organization is receiving assistance directly from BCHS. Delegate agencies and clinic/service sites receiving BCHS funds through a grantee should leave this item blank when submitting reports to their grantee/funding agency. Use the program codes listed on the FACE SHEET to report the appropriate BCHS program(s). Free-standing National Health Service Corps sites with Corps personnel should only enter the HC program code. Leave the grant number space blank.
8. NAME OF PERSON PREPARING REPORT: Enter the name of the grantee staff person with primary responsibility for preparing the BCRR. Do not give the name of a data processing contractor (or contractor employee) involved in preparing the BCRR.
9. TELEPHONE NUMBER OF THE PERSON PREPARING REPORT: Enter the area code and business telephone number of the person indicated in 8 above.
10. DIRECTOR: The Project Director should print and sign his or her name on the original copy of the BCRR and date the report. This signature constitutes formal endorsement of the content of the report.
11. CHECK OFF TABLES NOT SUBMITTED: For each table not submitted, place an "X" in the space provided before each table number and reason for omission of each table.

NOTE: Primary care projects with no inpatient activity should submit TABLE 4 with the note "zero activity" on the table. Do not put an "X" in

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

the space next to TABLE 4 on the Face Sheet.

FREQUENCY: Each time a table is submitted initially for a reporting period, or as a revision, it should be accompanied by a FACE SHEET.

TABLE 1: Number of Users by Type of Provider, Age, and Sex for This Reporting Period

APPLICABILITY This table applies to the following programs: CH, HC, and MH. BCHS supported grantees which are Federally qualified HMOs must submit this table.

DEFINITIONS

USER: An individual who has had one or more encounters during the reporting period. An individual can be counted only once as each of the following types of users for TABLE 1.

Medical User: An individual who has had one or more medical encounters; i.e., encounters with a medical provider, during the reporting period.

Dental User: An individual who has had one or more dental encounters; i.e., encounters with a dental provider, during the reporting period.

Example: If Mr. Jones has five dental encounters during the reporting period, he is counted once as a dental user. If Ms. Smith has three medical encounters and two dental encounters during the reporting period, she is counted once as a medical user and once as a dental user.

ENCOUNTER: A face-to-face contact between a user and a provider of health care services who exercises independent judgement in the provision of health services to the individual patient. For a health service to be defined as an encounter, the provision of the health service must be recorded in the patient's record.

NOTE: Encounters are not reported on TABLE 1 but need to be defined here in order to identify users for TABLES 1, 2-A and 2-B. Encounters are reported for all BCHS and BHPDS programs on TABLE 3.

The criteria for encounters are given below.

1. To meet the encounter criterion for independent judgement, the provider must be acting independently and not assisting another provider. For example, a nurse assisting a physician during a physical examination by taking vital signs, taking a history or drawing a blood sample, is not credited with a separate encounter. A nurse utilizing standing orders or protocols, who sees a patient to monitor physiologic signs, provide medication renewal, etc., without

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

BCHS REPORTING NO. _____

REPORT FOR PERIOD (Check One & Complete Date)	
January 198	through June 198
January 198	through December 198
198	through 198

☐ Initial Submission ☐ Revision

TABLE 1: NUMBER OF USERS BY TYPE OF PROVIDER, AGE, AND SEX FOR THIS REPORTING PERIOD

AGE AND SEX	USERS* BY TYPE OF PROVIDER	
	MEDICAL (a)	DENTAL (b)
Female:		
11 0-4		
21 5-9		
31 10-14		
41 15-19		
51 20-34		
61 35-44		
71 45-64		
81 65 and over		
91 SUBTOTAL (LINES 1 through 8)		
Male:		
10 0-4		
11 5-9		
12 10-14		
13 15-19		
14 20-34		
15 35-44		
16 45-64		
17 65 and over		
18 SUBTOTAL (LINES 10 through 17)		
19 TOTAL (LINES 9 + 18)		

*A user is an individual who has had one or more encounters during the reporting period covered by this table (January - June or January - December).

FREQUENCY OF REPORTING: Semi-annually unless otherwise instructed by the Regional Office. Data are reported on a calendar, year-to-date basis from January first through the ending month of the reporting period (June 30 or December 31).

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

the patient routinely seeing the physician at the same time, is credited with a medical encounter. (See the definition of nurse encounters on page 27.)

TABLE 1 (CONT'D.)

2. Such services as drawing blood, collecting urine specimens, performing laboratory tests, taking X-Rays, filling/dispensing prescriptions, or optician services, in and of themselves, do not constitute encounters. However, these procedures may be accompanied by services performed by medical, dental, or other health providers which do constitute encounters.
3. The patient record does not have to be a full and complete health record in order to meet the encounter criterion if a patient receives only one, or minimal, services and is not likely to return to the health center. For example, if a patient not normally eligible for services receives services on an emergency basis, and these services are documented, the encounter criterion is met even though a complete health record is not created. The same is true for services such as employment physicals, sports physicals, etc., which are rendered to persons who do not regularly use the center. However, the services rendered must be documented.
4. A patient may have more than one encounter during one visit to the health center per day. The number of encounters per site per day is limited as follows:
 - 1 Medical encounter (physician, midlevel practitioner, or nurse);
 - 1 dental encounter (dentist or hygienist); and
 - 1 other health encounter for each type of other health provider (family planning counselor, nutritionist, psychologist, podiatrist, speech therapist, etc.)
5. A provider may be credited with no more than one encounter with a given patient during that patient's visit to the center in a single day, regardless of the type or number of services provided. If a student sees patients in conjunction with a nonstudent provider, only one encounter, credited to the nonstudent provider, is counted.
6. An encounter may take place in the health center or at any other location in which project-supported activities are carried out. Examples of other locations include mobile vans, hospitals, patients' homes and extended care facilities. An encounter may be generated by staff or nonstaff providers. (See pages 49, 50, and 51 for

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

definitions of onsite and offsite staff encounters.)

If for maximum number of family planning encounters which can be counted during a visit, see page 40. For maximum number of hospital inpatient encounters, see page 67.

TABLE 1 (CONT'D.)

7. When a provider renders services to several patients simultaneously, the provider can be credited with an encounter for each person if the provision of services is noted in each person's health record. This also applies to family therapy or counseling sessions in which several members of the family receive services relating to mutual family problems and the services are noted in each family member's health record.
 8. The encounter criteria are not met in the following circumstances.
 - a. When a provider participates in a community meeting or group session which is not designed to provide health services. Examples of such activities include informational sessions for prospective users, health presentations to community groups (high school classes, PTA, etc.) and information presentations about available health services at the project.
 - b. When the only health service provided is part of a large scale effort, such as a mass immunization program, screening program or community-wide service program (e.g., a health fair).
 - c. When a home health aide does not render any other health service but provides homemaker services.

These activities should not be counted as encounters but should be reported in the grant application or progress report.
- MEDICAL SERVICES ENCOUNTER: An encounter between a medical provider and a user during which medical services are provided for the prevention, diagnosis, treatment and rehabilitation of illness or injury. Included in this category are physician encounters, midlevel practitioner encounters, and nurse encounters. Family planning medical encounters are a subset of medical encounters.
- Physician Encounter: An encounter between a physician and a user. For the purpose of these reports, encounters between a psychiatrist and a user are included in this category as medical encounters.

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

Midlevel Practitioner Encounter: An encounter between a midlevel practitioner and a user in which the midlevel practitioner acts as an independent provider.

Nurse Encounter (Medical): An encounter between an R.N., L.P.N., or L.V.N. and a user in which the nurse acts as an independent provider of medical services. The service may be provided under standing orders of a physician, under specific instructions from a previous visit, or under the general supervision of a physician or midlevel practitioner who has no direct contact with the patient during a visit.

TABLE 1 (CONT'D.)

DENTAL SERVICES ENCOUNTER: An encounter between a dentist, dental hygienist, or oral therapist for the purpose of prevention, assessment or treatment of a dental problem, including restoration.

NOTE: a dental hygienist or oral therapist is credited with an encounter only when (s)he provides a service independently, not jointly with a dentist. However, two encounters may not be generated during a patient's visit to the dental clinic in one day.

OTHER HEALTH SERVICES ENCOUNTER: An encounter between a health provider, other than a physician, a midlevel practitioner, or a dental provider and a user in which health services, other than medical or dental, are provided. Education/social service encounters and other health encounters are included in this category.

Education/Social Service Encounter: An encounter between an education or social service provider and a user in which the services rendered are of an educational or counseling nature. Such areas may include family planning education and counseling, nutrition education, child development counseling, and other disease-specific patient education and counseling services not related to mental health.

Other Health Encounter: An encounter between an other health provider and a user in which allied health or mental health services, other than those described above under education/social service encounter, are provided. Allied health services are those provided by specially trained health workers, other than medical and dental personnel. Mental health services are those of a psychological, sociopsychologic or crisis intervention nature, or related to alcohol or drug abuse treatment. For the purpose of these reports, encounters with a psychiatrist are included under medical encounters.

NOTE: Persons having only other health services encounters are not included as users on TABLE 1.

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

BCRR REPORTING NO. _____

REPORT FOR PERIOD Check One & Complete Date			
JANUARY 198	THROUGH JUNE 198		
JANUARY 198	THROUGH DECEMBER 198		
198	through 198		

☐ Initial Submission ☐ Revision

TABLE 2-A: UTILIZATION OF SPECIAL POPULATION GROUPS
FOR THIS REPORTING PERIOD

NOTE: This table applies to any grantees serving migratory and/or seasonal agricultural workers and their family members.

TYPE OF USER	MEDICAL USERS* (a)	DENTAL USERS* (b)
1) Migratory Agricultural Workers and Family Members		
2) Seasonal Agricultural Workers and Family Members		

*A user is an individual who has had one or more encounters during the reporting period covered by this table (January - June or January - December).

FREQUENCY OF REPORTING: Semi-annually unless otherwise instructed by the Regional Office. Data are reported on a calendar year-to-date basis from January first through the ending month of the reporting period (June 30 or December 31).

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

PROVIDER: The individual who assumes primary responsibility for assessing the patient and exercises independent judgement as to the services rendered to the patient during an encounter.

Medical Services Provider: Physicians (primary care physicians, psychiatrist, other medical and surgical specialists), midlevel practitioners (e.g., physician's assistants, nurse practitioners, nurse-midwives), and nurses who provide independent, direct, face-to-face medical services to patients during an encounter. See Exhibit VI-1 for a listing of medical providers.

TABLE 2-A: Utilization of Special Population Groups
for This Reporting Period

APPLICABILITY Grantees should complete the portions of this table that apply to the populations they serve, as follows.

LINE 1: Any grantee serving migratory agricultural workers and their dependent family members.

LINE 2: Any grantee serving seasonal agricultural workers and their dependent family members.

Grantees not serving any of the above special populations should not submit this table.

BCHS supported grantees which are Federally qualified HMOs must submit this table if they have MH funding.

DEFINITIONS

MIGRATORY AGRICULTURAL WORKERS AND FAMILY MEMBERS: These users are defined in Section 329 of the Public Health Service Act as individuals whose principal employment is in agriculture on a seasonal basis (as opposed to year-round employment) and who establish a temporary abode for the purposes of such employment. Migratory agricultural workers are usually hired laborers who are paid piecework, hourly or daily wages. The definition includes those individuals who have been so employed within the past 24 months and their dependent family members. The family members may or may not move with the worker and establish a temporary place of abode. (Agriculture means farming of the land in all its branches, including cultivation, tillage, growing, harvesting, preparation and processing for market or storage.)

SEASONAL AGRICULTURAL WORKERS AND FAMILY MEMBERS: These users are defined in Section 329 of the Public Health Service Act as individuals whose principal employment is in agriculture on a seasonal basis (as opposed to year-round employment) and who, for purposes of employment, do not

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

establish a temporary place of above. Seasonal agricultural workers are usually hired laborers who are paid piecework, hourly or daily wages. Eligibility for services includes dependent family members of seasonal agricultural workers. (Agriculture means farming of the land in all its branches, including cultivation, tillage, growing, harvesting, preparation and processing for market or storage.)

Both migratory agricultural workers and seasonal agricultural workers have agriculture on a seasonal basis as their principal employment. Migratory agricultural workers do not necessarily work in agriculture in the area of their permanent address or may not have a permanent address. For at least part of the year, they travel to a work area and live temporarily in the area while working there. Seasonal agricultural workers work in the area of their permanent address and do not move temporarily to a work area.

TABLE 2-A (CONT'D.)

In order to identify users who meet the criteria for migrant and seasonal agricultural workers and dependent family members, projects may want to ask users a set of questions such as those listed below.

	Migrant	Seasonal
Over the past 24 months, have you or the family member upon whom you are dependent:		
= been hired to do agricultural (farm) work?	Yes	Yes
= done agricultural (farm) work year-round, or on a seasonal basis?	Seasonal	Seasonal
= derived the greatest portion of your work-related income or employment from agricultural (farm) work?	Yes	Yes
= moved (established a temporary residence) in order to do agricultural (farm) work?	Yes	No

INSTRUCTIONS

GENERAL

1. The user portion of this table can be completed using either a

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

universal approach or a random sampling approach. Grantees using a random sampling approach must footnote this table accordingly. Grantees must retain their sampling methodology working papers for documentation purposes. Grantees may reference Section VIII at the end of this manual which provides a brief description of sampling procedures.

2. Grantees which serve only one of the special population groups should only complete the cells which are applicable.

TABLE 2-A (CONT'D.)

SPECIFIC

Migrant and Seasonal Users

1. The grantee's BCCR Reporting Number should be entered at the top of the table, the Reporting Period box completed, and an "X" placed in the appropriate Initial Submission/Revision box.
2. Users, not encounters, are recorded in COLS. (a) and (b) of LINES 1 and 2. These users are a subset of the medical and dental users reported on TABLE 1, COLS. (a) and (b). All encounters for migratory and seasonal agricultural workers are recorded on TABLE 3.
3. Record on LINE 1, COL. (a) those medical users (as defined on page 25) who are migratory agricultural workers on their dependent family members.
4. Record on LINE 1, COL. (b) those dental users (as defined on page 25) who are migratory agricultural workers or their dependent family members.
5. Record on LINE 2, COL. (a) those medical users (as defined on page 25) who are seasonal agricultural workers or their dependent family members.
6. Record on LINE 2, COL. (b) those dental users (as defined on page 25) who are seasonal agricultural workers or their dependent family members.
7. Example: During the period covered by this table, a 25 year old female migratory agricultural workers with an income below poverty has had:
3 encounters with a physician;
2 encounters with a midlevel practitioner
for family planning services;

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

BCCR REPORTING NO. _____

REPORT FOR PERIOD (Check One & Complete Date)	
<input type="checkbox"/> January 1981 through June 1981	
<input type="checkbox"/> January 1981 through December 1981	
<input type="checkbox"/> 1981 through _____	

☐ Initial Submission ☐ RevisionPP/FS Delegate? ☐ Yes ☐ NoTABLE 2-B: NUMBER OF FAMILY PLANNING USERS BY TYPE OF USER AND AGE
FOR THIS REPORTING PERIOD

NOTE: This table applies only to CH, FP, MH, and all other projects required by the Regional Office to report this table. Grantees which are required to submit this table but do not receive Title X funding should report all female Family Planning users, regardless of income, on LINE 1.

TYPE OF FAMILY PLANNING USER	FAMILY PLANNING USERS*
	(a)
1) Women at or below 150% of Poverty Level	
2) Women above 150% of Poverty Level	
3) Men	
4) TOTAL (LINES 1+2)	
Female Adolescent Users of Family Planning Services (Subset of LINE 4)	
5) Under 20 years old	
6) 15-19 Year Olds	

*A Family Planning user is an individual who has had one or more Family Planning Encounters (Medical or Other Health) during the reporting period covered by this table (January - June or January - December).

FREQUENCY OF REPORTING: Semi-annually unless otherwise instructed by the Regional Office. Data are reported on a calendar year-to-date basis from January first through the ending month of the reporting period (June 30 or December 31).

1 encounter with a dentist; and
2 encounters with a social worker.

The information for these services is recorded as follows:

1 Medical User; TABLE 1, LINE 5, COL. (a)
1 Dental User; TABLE 1, LINE 9, COL. (b)
1 Migratory Agricultural Worker, Medical User; TABLE 2-A,
LINE 1, COL. (a)
1 Migratory Agricultural Worker, Dental User; TABLE 2-A,
LINE 1, COL. (b)

TABLE 2-A (CONT'D.)

- 1 Family Planning User, Women at or below 150% of the Poverty Level; TABLE 2-B, LINE 1, COL. (a)
- 3 medical encounters; TABLE 3, LINE 1, COL. (c)
- 2 medical encounters; TABLE 3, LINE 4, COL. (c)
- 1 dental encounter; TABLE 3, LINE 10, COL. (c)
- 2 other health encounters; TABLE 3, LINE 13, COL. (c)

FREQUENCY: Semi-annually unless otherwise instructed by the Regional Office.
Data are reported on a calendar year-to-date basis from January 1 through the ending month of the reporting period (June 30 or December 31).

TABLE 2-B: Number of Family Planning Users by Type of User and Age for This Reporting Period

APPLICABILITY This table applies only to the following programs: CH, FP, MH, and other projects required by the Regional Office to report this table. FP delegates should complete this table. BCHS supported grantees which are Federally qualified HMOs should not submit this table unless they receive FP funding.

Those grantees which are required to submit this table but do not receive FP funding should report all female family planning users, regardless of income, on LINE 1 and leave LINE 2 blank.

Utilization entries on TABLE 2-B should only represent family planning services directly provided by the grantee. If there was no family planning activity during the period or if the only family planning services provided were not rendered by the project's staff but by an outside agency; e.g., through a satellite or referral arrangement with the local FP provider, then TABLE 2-B should be submitted as required with "zero activity" noted on it.

DEFINITIONS

NOTICE OF PROPOSED AMENDMENTS

FAMILY PLANNING USER: A female who has had one or more family planning encounters during the reporting period; i.e., encounters with a medical and/or other health provider in which family planning services are provided. Thus, an individual may be counted once as a family planning user during a reporting period by having at least one family planning encounter. This patient would be counted as a medical user on TABLE 1 if she has had a family planning medical encounter.

FAMILY PLANNING ENCOUNTER: An encounter between a user and a medical provider or other health provider, the primary purpose of which is to provide family planning services; i.e., services related to contraception, infertility, or sterilization.

NOTE: All family planning encounters are either medical encounters or other health encounters which involve family planning services and are included with the medical and other health encounters reported on TABLE 3. Thus, the criteria governing encounters as explained on page 25 also apply to family planning encounters.

Family Planning Encounter with a Medical Provider: An encounter between a medical provider and a user in which the user is provided (in association with the proposed or adopted method of contraception or treatment of infertility) with one or more of the following family planning related medical services: pap smear; pelvic examination; blood pressure reading; V.D. testing; sterilization; or infertility treatment.

TABLE 2-B (CONT'D.)

Family Planning Encounter with an Other Health Provider: An encounter between an other health provider and a user in which family planning counseling services are provided. The counseling should include a thorough discussion of: reproductive anatomy and physiology; infertility, as appropriate; the variety of contraceptive methods available; the uses, health risks and benefits associated with each method; detailed instruction regarding the adopted method; and the need to return for evaluation a regularly scheduled basis and as potential problems are recognized. Counseling may occur in a group setting or on an individual basis but must be documented in the individual patient's record.

There is a maximum of two family planning encounters per visit: one family planning medical encounter and one family planning other health encounter. Although the counseling may have occurred in two parts: i.e., before and after the family planning encounters, services must be provided by two individuals, one medical provider and one other health provider.

If only laboratory testing; e.g., pregnancy test; urinalysis, blood test,

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

V.D. test, is done and there is no face-to-face contact between a provider and a user, then an encounter cannot be counted. Laboratory tests, in and of themselves, do not constitute encounters of any type. However, these tests may be accompanied by family planning counseling or education. By virtue of such counseling, an individual will have had an other health encounter. Because this other health encounter involved family planning counseling, the encounter is a family planning other health encounter. Thus, the individual would be a family planning user.

A pap smear and associated pelvic examination constitute a medical encounter, but not a family planning medical encounter. However, if the pap smear and pelvic examination are accompanied by other medical services involving family planning; i.e., contraception, infertility, sterilization, an individual will have had a family planning medical encounter, and therefore would be a family planning user.

POVERTY LEVEL: The annual income level listed for a non-farm or farm family of a given size in the most recent Income Poverty Guidelines which are revised yearly.¹ A family with an annual income equal to or less than the amount set forth in the Income Poverty Guidelines for that size and type of family has an income which is at or below the poverty level.

¹The most recent Income Poverty Guidelines can be obtained from the Regional Office.

TABLE 2-B (CONT'D.)

Primary care grantees which are not Title X Family Planning grantees or delegates do not need to make the distinction among their female patients regarding poverty level and should report all their female family planning users on LINE 1, COL. (a).

For grantees which use the Income Poverty Guidelines for their sliding fee scale, e.g., community health centers, 150 percent of the poverty level for a female family planning user is halfway between the limits of 100 and 200 percent of poverty (zero to 100 percent pay) of the sliding fee scale for the woman's family.

Most family planning grantees use 100 to 250 percent of the poverty level to determine the pay categories for their sliding fee scales. One and a half (1.5) times the base level would be used to determine if a female family planning user is above or below 150 percent of the poverty level for reporting on TABLE 2-B.

Women at or below 150% of Poverty Level: Those female family planning users during the reporting period whose annual family income is equal

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

to or less than 150 percent; i.e., 1.5 times the poverty level, for their respective size non-farm or farm families.

If family incomes cannot be determined for female adolescent family planning users who are still dependents of their parents, include these users in the category of women at or below 150 percent of the poverty level.

Women above 150% of Poverty Level: Those female family planning users whose annual family incomes are greater than 150 percent; i.e., 1.5 times, of the poverty level for the size of their non-farm or farm families.

Example A: If the Income Poverty Guidelines listed the poverty level for a non-farm family of 5 at \$9,830 then 150% of the poverty level for that family is 150% of (or 1.5 times) \$9,830 or \$14,745. Thus, a woman from a non-farm family of 5 would be at or below 150% of the poverty level if her annual family income did not exceed \$14,745. As a female family planning user, such a woman would be recorded in TABLE 2-B on LINE 1, COL. (a).

Example B: If the Income Poverty Guidelines set the poverty level for a farm family of 4 at \$7,190, then 150% of the poverty level for that family would be 150% of (or 1.5 times) \$7,190 or \$10,785. Thus, a woman from a non-farm family of 4 would be above 150% of the poverty level if her annual family income exceeded \$10,785. As a female family planning user, such a woman would be recorded in TABLE 2-B on LINE 2, COL. (a).

TABLE 2-B (CONT'D.)

FEMALE ADOLESCENT USERS OF FAMILY PLANNING SERVICES: Those female family planning users during the reporting period under the age of 20 (LINE 5). All female adolescent family planning users are shown on LINE 5 regardless of annual family income.

Female adolescent family planning users are a subset of the total family planning users on LINE 4. Thus, the number of adolescent family planning users will be less than or equal to total family planning users.

INSTRUCTIONS

GENERAL

1. This table can be completed using either a universal count approach or a random sampling approach. Grantees using a random sampling approach must footnote this table accordingly. Grantees must retain

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

their sampling methodology working papers for documentation purposes. Grantees may reference Section VIII at the end of this manual for a brief description of sampling procedures.

2. Users, not encounters, are reported on this table. Family planning encounters are reported on TABLE 3.

SPECIFIC

1. The grantee's BCRR Reporting Number should be entered at the top of the table, the Reporting Period box completed, and an "X" placed in the appropriate Initial Submission/Revision box.
2. Primary care projects which are not Title X family planning grantees or delegates:

Enter the total number of female family planning users, regardless of income, on Line 1 and leave LINE 2 blank.

3. Title X Family Planning grantees or delegates:

- a. On LINE 1, enter the number of female family planning users whose annual family income is at or below 150% of the poverty level.
- b. On LINE 2, enter the number of female family planning users whose annual family income is above 150% of the poverty level.
- c. All female family planning users, including adolescent users, are recorded on either LINE 1 or LINE 2.

TABLE 2-B (CONT'D.)

4. All grantees:

- a. A family planning user can be counted only once on LINE 1 or 2.
- b. On LINE 4, enter the total number of female family planning users. This is the sum of LINES 1 and 2.
- c. As in TABLE 1, use the adolescent user's age as of June 30 of the reporting period in completing LINE 5.
- d. On LINE 5, enter the number of female family planning users under 20 years of age.
- e. Every family planning user counted on LINE 5 is also counted once on LINE 1 or 2.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

BCRR REPORTING NO. _____
HCFA I.D. NO. _____

REPORT FOR PERIOD (Check One & Complete Date)
JANUARY 1988 THROUGH JUNE 1988
JANUARY 1988 THROUGH DECEMBER 1988
JULY 1988 THROUGH DECEMBER 1988
JANUARY 1988 THROUGH DECEMBER 1988

☐ Initial Submission ☐ Revision

TABLE 3: PERSONNEL BY FUNCTIONAL COST CENTER AND ENCOUNTERS BY TYPE OF PROVIDER FOR THIS REPORTING PERIOD

PERSONNEL BY FUNCTIONAL COST CENTER	STAFF PERSONNEL EQUIVALENTS		ENCOUNTERS	
	(a)**	(b)***	Onsite With Staff Providers (c)	All Other (Including Offsite And Nonstaff) (d)
MEDICAL SERVICES	1) Primary Care Physicians			
	2) Psychiatrists			
	3) Other Medical/Surgical Specialists			
(A)	4) Midlevel Practitioners			
	5) Nurses - Medical			
	6) Medical Support			
(B)	7) Laboratory-Medical			
(C)	8) X-Ray-Medical			
(D)	9) Pharmacy-Medical & Dental			
	10) Dentists			
(E)	11) Dental Hygiene/Oral Therapists			
	12) Dental Support			
	13) Education/Social Service			
(G)	14) Other Health			
	15)			
	16) Other Health Support			
(H)	17) Community Service			
(I)	18) Environmental Health			
(J)	19) Patient Transportation			
	20) Patient Records			
(K)	21) Administration			
(L)	22) Facility			
CLINIC OVERHEAD	23) TOTAL (LINES 1 through 22)			

*Assign staff time by function performed, not title. See instructions for the table.

**Include only NISC personnel in Column (a).

***Include all personnel, as well as the personnel equivalents of any non-staffed personnel (contractual or donated) who work for the grantee on a contracted time basis. Use definition of "staff" in WIC, VISTA and volunteer staff, where appropriate.

FREQUENCY OF REPORTING: Semi-annually unless otherwise instructed by the Regional Office. Data are reported on a calendar year-10-01-01 basis from January first through the ending month of the reporting period (June 30 or December 31).

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

Example A: During the January through June reporting period, Ms. Davis had one family planning medical encounter with a midlevel provider and two family planning other health encounters with a counselor. Ms. Davis' annual family income is below 150% of poverty level for her family. Ms. Davis will be 15 years old on her birthday which falls on July 10.

For the January through June report, this is reported as:

- 1 Medical User; TABLE 1, LINE 3, COL. (a)
- 1 Family Planning User; Women at or below 150% of poverty level; TABLE 2-B, LINE 1, COL. (a)
- 1 Adolescent User of Family Planning Services; TABLE 2-B, LINE 5, COL. (a)
- 1 Medical Encounter; TABLE 3, LINE 4, COL. (c)
- 2 Other Health Encounters; TABLE 3, LINE 13, COL. (c)

Example B: From July through December, the same Ms. Davis had two additional medical encounters with a physician and a dental encounter with a dentist, but no further family planning encounters (medical or other health).

For the January through December reporting period, this is reported as:

- 1 Medical User; TABLE 1, LINE 3, COL. (a)
- 1 Dental User; TABLE 1, LINE 9, COL. (b)
- 1 Family Planning User; Women at or below 150% of poverty level; TABLE 2-B, LINE 1, COL. (a)
- 1 Adolescent User of Family Planning Services; TABLE 2-B, LINE 5, COL. (a)
- 2 Medical Encounters; TABLE 3, LINE 1, COL. (c)
- 1 Medical Encounter; TABLE 3, LINE 4, COL. (c)
- 1 Dental Encounter; TABLE 3, LINE 10, COL. (c)
- 2 Other Health Encounters; TABLE 3, LINE 13, COL. (c)

TABLE 2-B (CONT'D.)

NOTE: In the example above, the January through December TABLE 2-B is the same as the January through June report. This is because the family planning user requirements were met in the first half of the calendar year and the report is cumulative.

FREQUENCY: Semi-annually unless otherwise instructed by the Regional Office. Data are reported on a calendar year-to-date basis from January first through the ending month of the reporting period (June 30 or December 31).

TABLE 3: Personnel by Functional Cost Center and Encounters by Type of Provider for This Reporting Period

APPLICABILITY: This table applies to the following programs: CH, FP, HC, and MH. BCHS supported projects which are federally qualified HMOs should not submit this table. Family Planning grantees should reference the Preface, page iv to determine the applicable portions of this table.

DEFINITIONS

PERSONNEL BY FUNCTIONAL COST CENTER: A breakdown of personnel according to the functions they perform. An individual may appear in more than one functional area if significant portions of his or her work time are distributed across the functional areas listed on the left side of TABLE 3.

NOTE: The capital letters which appear in parentheses next to the functional cost centers on this table are the alphabetic prefix functional codes for the corresponding cost accounts in the Bureau of Community Health Services' Accounting Manual. These same letters are used to identify the functional cost centers on TABLE 6. The inpatient cost center (alphabetic prefix functional code F) cost center does not appear on this table because staff personnel time cannot be allocated to it. Since patient records costs are allocated to health care functional cost center(s) prior to completion of TABLE 6, the Patient Records cost center does not have a functional code.

STAFF PERSONNEL EQUIVALENTS: A numerical expression of the number of hours for which full-time and part-time staff are compensated in terms of the grantee's definition of full-time. With the exception of NHSC assignees, personnel must be compensated for at least 1600 hours per year in order to be considered full-time. (Refer to NHSC policies for the definition of full-time for NHSC assignees.) One staff person who worked full-time for an entire reporting period would be 1.0 staff personnel equivalent. (See page 55 for clarification on computing staff personnel equivalents.)

STAFF: Individuals who work for a grantee on a regularly scheduled time basis under any of the following compensation arrangements: salaried full-time; salaried part-time; National Health Service Corps assignees; contract/retainer/capitation/fee-for-service/block time basis; or donated services. Scheduled time requires that the individual is committed to a pre-assigned number of work hours which are devoted to grantee activities. An individual working on a salaried basis will have FICA taxes withheld from his or her salary. The services provided by staff can be performed either onsite or offsite.

TABLE 3 (CONT'D.)

NONSTAFF: Individuals who work for a grantee on an irregular basis, usually offsite and by referral. The time worked by nonstaff personnel is not

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

reported on TABLE 3; however, the encounters generated are recorded in COL. (d). All Other Encounters. The compensation value attributed to their work is accounted for on TABLE 6 as an other cost in COL. (c) or a donation in COL. (d).

PROVIDER: The individual who assumes primary responsibility for assessing the patient and exercises independent judgement as to the services rendered to the patient during an encounter. The provider who is in charge of the encounter in which two or more providers are present and participate is the one credited with the encounter. (See definition of encounter on page 25.)

For the purposes of these reporting requirements, provider refers to medical services, dental services and other health services personnel.

Exhibit VI-1 on page 59, presents a listing of examples of types of personnel which are applicable to each of the functional cost centers and explains whether each is considered a provider or nonprovider. This listing reflects the types of functions personnel perform and does not necessarily reflect a formal title given to a project employee. In addition, the definitions for the various functional cost centers, as they appear below, specify which personnel are considered providers.

NONPROVIDER: Personnel who facilitate the provision of health services during an encounter but who, themselves, do not assess patients' conditions or exercise independent judgement in the provision of patient care.

For the purpose of these reporting requirements, nonprovider applies to all ancillary services, support services and clinic overhead personnel, as well as medical support, dental support, and other health support personnel. (See the above definition of provider for further clarification.)

ONSITE: Those locations which are part of the grantee's ambulatory care facility(ies). Typically, onsite refers to the grantee's service site(s); however, it can also refer to other sites which function as satellites of the grantee and operate on a regularly scheduled basis for a pre-assigned number of work hours, such as a clinic regularly held at a school or another institution.

OFFSITE: Those locations which are used by the grantee's primary care providers on an irregular, unscheduled basis, such as a nursing home, a hospital (inpatient), a private practitioner's office, or a patient's home. These locations are not considered onsite.

TABLE 3 (CONT'D.)

ONSITE ENCOUNTERS WITH STAFF PROVIDERS: Encounters generated by staff

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

providers at an onsite location. A single staff provider may generate encounters at more than one onsite location.

OFFSITE AND NONSTAFF ENCOUNTERS: This includes the following:

- staff provider encounters generated at an offsite location; and
- nonstaff provider encounters generated for the grantee at either an onsite or offsite location on an other than scheduled time basis, usually by referral, under one of the following compensation arrangements: (1) fee-for service payment by the grantee; (2) capitation payment by the grantee; (3) retainer paid by the grantee; (4) services donated by nonstaff personnel where the grantee would otherwise have to pay for the services.

NOTE: Documentation of the provision of the health service must be recorded in the patient's record.

MEDICAL SERVICES PERSONNEL: Staff primarily involved in activities related to the provision of medical services for the prevention, diagnosis, treatment and rehabilitation of illness or injury. This category is comprised of the following:

Primary Care Physicians: Includes doctors of medicine and osteopathy (M.D.s and D.O.s). The types of practitioners listed in Exhibit VI-1 are consistent with the definition of primary care practitioners as it appears in the Federal Register on the "Health Manpower Shortage Areas, Criteria for Designation" (Vol. 43, No. 6). These individuals are considered providers and do generate encounters. For the purpose of these reporting requirements, interns and residents who function independently as primary care physicians are included in this category.

Psychiatrists: These individuals are considered providers and do generate encounters. For the purpose of these reporting requirements, interns and residents who function independently as psychiatrists are included in this category.

Other Medical/Surgical Specialists: These individuals are considered providers and do generate encounters. For the purpose of these reporting requirements, interns and residents who function independently as other medical/surgical specialists are included in this category.

NOTE: Physicians should be classified according to the services they render, consistent with the specialty classifications in the medical cost center. For example, a board certified dermatologist who functions as a general practitioner is classified as a primary

DEPARTMENT OF PUBLIC HEALTH

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

NOTICE OF PROPOSED AMENDMENTS

care physician, not as an other medical/surgical specialist.

reporting requirements, visiting nurses who furnish part-time or intermittent nursing care to homebound patients and all nursing students are classified as nurses.

TABLE 3 (CONT'D.)

Midlevel Practitioners: This includes the following types of personnel.

- Physician's Assistant: Physician's Associate; Medex; Child Health Associate; Women's Health Care Specialist; A skilled provider qualified by formal academic and clinical training to provide independent medical services under the direction of an M.D. or a D.O. (Direction may imply either direct or indirect supervision depending upon state law.)

- Nurse Practitioner: A nurse who has formal academic and clinical training to provide independent medical services under the direction of an M.D. or a D.O. (Direction may imply either direct or indirect supervision depending upon state law.)

- Certified Nurse-Midwife: A nurse with formal academic and clinical training in a continuing education program or accredited academic graduate nursing program approved by the American College of Nurse-Midwives. Upon completion of either type program, nurse-midwives must successfully pass the National Certification Examination of the American College of Nurse-Midwives. In addition, nurse-midwives also must possess separate state licenses to practice as certified nurse-midwives.

Midlevel practitioners are considered providers and do generate encounters.

Nurses: This category consists of the following types of personnel.

- Registered Nurses (R.N.s): Includes any clinical nurse specialist who has successfully completed a master's level, accredited, graduate nursing program and whose specialties are comprised of maternal and child health, medical-surgical, psychiatric, or public health.

- Licensed Practical or Vocational Nurses (L.P.N.s or L.V.N.s).

When nursing personnel exercise independent judgement and provide medical services, they are considered medical providers and do generate encounters. Nurses are not considered providers and do not generate encounters when they assist a medical provider before, during or after an encounter. All medical nurse staff personnel equivalents, regardless of provider or nonprovider status, should be reported under the nurses category, rather than be divided up between nurses and medical support categories. For the purpose of these

TABLE 3 (CONT'D.)

Medical Support: Personnel who provide clinical and clerical support services to physicians, midlevel practitioners and nurses. Also included are patient records clerks when they can be easily assigned to the medical cost center. If significant portions (i.e., at least 20 percent) of patient records clerks' time are spent in other cost centers, too, and the grantee has no methodology for directly allocating their time among cost centers, their time should be assigned to the patient records cost center. All medical support personnel are defined as nonproviders and do not generate encounters.

ANCILLARY SERVICES PERSONNEL: This includes the following types of personnel:

Laboratory Personnel: Staff performing specific chemical, pathological, hematological or other laboratory procedures (excluding dental) designed to provide diagnostic information for outpatient care. These people are defined as non-providers and do not generate encounters.

X-Ray Personnel: Staff performing specific x-ray procedures (excluding dental) designed to provide diagnostic and therapeutic information for outpatient care. These people are defined as nonproviders and do not generate encounters.

Pharmacy Personnel: Qualified staff who dispense medications or supplies that are prescribed by an authorized provider and filled or refilled for a project patient. These people are defined as nonproviders and do not generate encounters.

DENTAL SERVICES PERSONNEL: Staff primarily involved in activities related to the provision of dental services for the purpose of prevention, assessment or treatment of a dental problem, including dental restoration. This category includes the following:

Dentists: These individuals are considered providers and do generate encounters.

Dental Hygienists/Oral Therapists: These individuals are considered providers and do generate encounters.

Dental Support: Personnel who provide clinical and clerical support services to dental providers. Also included are patient records clerks when they can be easily assigned to the dental cost center.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

If significant portions (i.e., at least 20 percent) of their time are spent in other cost centers, too, and the project has no methodology for allocating patient records personnel, their time should be assigned to the patient records cost center. All dental support personnel are defined as nonproviders and do not generate encounters.

TABLE 3 (CONT'D.)

OTHER HEALTH SERVICES PERSONNEL: Staff involved in the provision of services other than medical or dental, for example, education and social, mental health, and allied health services. This includes the following types of personnel.

Education/Social Service Providers: Staff providing services of an education or counseling nature. Such areas may include family planning education and counseling, nutrition education, child development counseling and other patient education and counseling services not related to mental health. These individuals are considered providers and do generate encounters.

Other Health Providers: Staff providing allied health or mental health services, other than those described above under education/social service providers. Included are specially trained and licensed (when necessary) health workers, other than physicians, dentists, midlevel providers and most nursing personnel. An exception to the latter is mental health nursing staff who function as other health providers. These individuals are considered providers and do generate encounters. For the purposes of these reporting requirements, ophthalmologists and psychiatrists (both being physicians) are reported under the medical functional cost center while optometrists and psychologists are reported here.

Other Health Support: Personnel who provide clinical and clerical support services to other health providers. Also includes patient records clerks when they can be easily assigned to the other health cost center. If significant portions (i.e., at least 20 percent) of their time are spent in other cost centers, too, and the project has no methodology for allocating patient records personnel, their time should be assigned to the patient records cost center. All other health support personnel are defined as nonproviders and do not generate encounters.

SUPPORT SERVICES PERSONNEL: This includes the following types of personnel.

Community Service Personnel: Staff involved in socially oriented activities related to outreach, referral or follow-up services. These people are defined as nonproviders and do not generate encounters.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

TABLE 3 (CONT'D.)

Environmental Health Personnel: Staff responsible for the project's environmental health programs, including such activities as sanitation inspections, environmental education campaigns, etc. These people are defined as nonproviders and do not generate encounters.

Patient Transportation Personnel: Staff responsible for the provision of patient transportation services, such as bus, van, or ambulance drivers. These people are defined as nonproviders and do not generate encounters.

Patient Records Personnel: Staff engaged in maintaining, abstracting, transcribing, proofing, filing, and retrieving patient records systems. If a patient records employee spends at least 80 percent of his/her time handling patient records in the medical, dental or other health cost centers, then 100 percent of his/her time may be reported in that cost center as support personnel. If the employee spends less than 80 percent of his/her time handling patient records in any one health care cost center, then that employee may be reported as patient records personnel if the health center has no other way to assign his/her time. The associated personnel costs will be allocated to the appropriate cost centers according to the methodology shown on TABLE 6 Worksheet A or another methodology developed by the project. These individuals are defined as nonproviders and do not generate encounters.

CLINIC OVERHEAD PERSONNEL: Staff primarily involved in activities related to the administration or operation of the overall project. This category is comprised of the following types of personnel:

Administration Personnel: Staff performing general administrative activities, such as project management, evaluation, training, and clerical/typing work not directly supportive of health care services. Included in these functions are production of internal management reports and external reports for Federal, state and local agencies. For projects with partially or totally prepaid activities, this staff category includes marketing staff engaged in the development and conduct of marketing activities designed to enroll and retain enrollees in prepaid plan(s).

These people are defined as nonproviders and do not generate encounters.

Facility Personnel: Staff who maintain the facility, usually housekeeping and maintenance personnel, performing custodial tasks and minor repairs on equipment and the actual physical plant. Security personnel who engage in protecting the grantee's property also should

NOTICE OF PROPOSED AMENDMENTS

be included in this category. These people are defined as nonproviders and do not generate encounters.

TABLE 3 (CONT'D.)

INSTRUCTIONS

SPECIFIC

1. The grantee's BCRR Reporting Number should be entered at the top of the table, the Reporting Period box completed, and an "X" placed in the appropriate Initial Submission/Revision box.

2. STAFF PERSONNEL EQUIVALENTS, COLS. (a) and (b):

a. Allocation of Personnel Time to Functional Cost Center(s):

Note that Column (a) includes only NHSC assignees. Column (b) includes all other staff. A staff person's time should be split among two or more functional areas when the time devoted to each area amounts to significant portions of that person's time: i.e., 20 percent or more. If a staff person normally spends 80 percent or more of his/her time in one functional cost center, then 100 percent of his/her time may be reported in that cost center. If a staff person normally spends less than 80 percent of his/her time in a major cost center, then the remainder of the time should be allocated to all appropriate cost centers that account for the significant portions: i.e., 20 percent or more, of the staff person's time.

Care should be taken to insure that 100 percent of each staff person's time is accounted for in this table.

i. The time reported for physicians, midlevel practitioners, and dental providers should not be split among cost centers with the following exception.

Health care staff who devote at least 20 percent of their time to overall project administration (for example, Medical Director, Dental Director or Nursing Supervisor) should have this portion of their time shown in Clinic Overhead Administration (LINE 21). The allocation of their time should be in accordance with the following guidelines.

(a) Medical, dental and other health functional cost centers should reflect only time spent on the following departmental activities: providing clinical services; managing personnel and other resources; and performing clinical quality assurance activities in

NOTICE OF PROPOSED AMENDMENTS

these departments.

TABLE 3 (CONT'D.)

(b) The clinic overhead administration functional cost center should only reflect time spent in overall project management and administrative activities. For example, these may include preparation of a funding application, budget/planning meetings of department heads, participation in public meetings and contract or labor negotiations.

ii. Nurses should divide their time only when they spend significant portions, functioning in different categories, such as a laboratory technician, patient educator or counselor, medical nurse, nursing supervisor or administrator. (See i. above for differentiating a nursing supervisor's time.) Nurses should not divide their time between the Nurses-Medical or Medical Support categories.

iii. When a staff person's time is allocated to more than one functional cost center (as indicated by the letter in parentheses on this table), his/her salary must be allocated to the same cost centers (indicated by the same letters) on TABLE 6.

iv. Small projects which do not keep individual personnel time records by functional cost center may estimate staff personnel equivalents for each cost center in which a significant portion of an individual's time is spent, using a methodology which is acceptable to the Regional Office.

b. Calculation of Staff Personnel Equivalents: Staff personnel equivalents are computed on an individual basis by dividing the total number of hours in the reporting period for which a person was compensated by the total number of hours in the reporting period considered by the grantee to be full-time. The total number of hours for which an individual was compensated includes the number of hours a person was present for work and reimbursed for his/her time, as well as paid leave time (vacation, sick leave, continuing education trips, etc.). For personnel other than NHSC assignees, the number of hours the grantee organization considers full-time must be at least 1600 hours per year. If not, each of its employees must be reported as less than full-time. (Refer to NHSC policies for the definition of full-time NHSC assignees.) An individual staff member cannot be reported as more than 1.0 staff personnel equivalent despite any overtime compensation which may appear on TABLE 6.

NOTE: All calculations for staff personnel equivalents should

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

be aggregated according to the applicable functional cost centers and recorded in COLS. (a) or (b). Round all figures to no more than two decimal places (hundredths). For example, 5.748 should be rounded to 5.75.

TABLE 3 (CONT'D.)

Example: If the grantee's full-time work week is 40 hours, then 1,040 hours would be considered full-time for a January 1 to June 30 reporting period (26 weeks X 40 hours), and 2,080 hours for a January 1 to December 31 reporting period (52 weeks X 40 hours).

i. An individual who was employed on January 1 and worked on a 40 hour per week basis through October 1. There were 13 weeks remaining in the calendar year when the individual left the organization. In completing its December 31 BCRR, the grantee calculates the individual's personnel equivalent as follows:

(a) The total number of hours in the reporting period for which the individual was compensated was 1,560 hours (39 weeks X 40 hours per week).

(b) The total number of hours in the reporting period considered by the project to be full-time was 2,080 hours (52 weeks X 40 hours per week).

(c) The staff personnel equivalent figure for the 12 month reporting period is 0.75 (1,560 - 2,080 hours). This 0.75 personnel equivalent would be distributed appropriately among functional cost centers as described in 2.a. above.

ii. An individual begins employment on a 20 hour per week basis on February 26, eight weeks after the beginning of the reporting period. In completing its June 30 BCRR, the grantee calculates the individual's personnel equivalent as follows.

(a) The total number of hours in the reporting period for which the individual was compensated was 360 hours (18 weeks X 20 hours per week).

(b) The total number of hours in the reporting period considered by the project to be full-time was 1,040 hours (26 weeks X 40 hours per week).

(c) The staff personnel equivalent figure for the six month reporting period is 0.35 (360 hours - 1,040 hours). This 0.35 personnel equivalent would be distributed among functional cost centers in which the individual worked a significant amount

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

during the reporting period.

iii. The same individual in 2.b.ii continued to work 20 hours per week for the remainder of the calendar year. For the December 31 BCRR, the individual's personnel equivalent would be calculated as follows.

TABLE 3 (CONT'D.)

1) The total number of hours in the reporting period for which the individual was compensated was 880 hours (44 weeks X 20 hours per week).

2) The total number of hours in the reporting period considered by the project to be full-time was 2,080 hours (52 weeks X 40 hours per week).

3) The staff personnel equivalent figure for the 12 month reporting period is 0.42 (880 hours - 2,080 hours). This 0.42 personnel equivalent would be distributed among functional cost centers as described in 2.a. above.

c. Enter staff personnel equivalents for NHSC assignees on the appropriate line in Col. (a). Enter all other staff personnel equivalents on the appropriate lines of COL. (b).

d. Total the staff personnel equivalents in each column and enter on LINE 23.

3. ENCOUNTERS, COLS. (c) and (d):

a. Onsite with Staff Providers: Enter in COL. (c) the onsite encounters generated by staff providers whose time is accounted for in COLS. (a) and (b).

b. All Other (Including Offsite and Nonstaff): Enter all other encounters in COL. (d). This includes offsite encounters generated by those providers whose time is accounted for in COLS. (a) and (b), as well as encounters generated by nonstaff providers who worked for the project, but not on a scheduled basis and whose time is not accounted for in COLS. (a) or (b). There are two types of nonstaff encounters reported in COL. (d).

- The grantee is billed directly for the service by the nonstaff provider (includes fee-for-service, capitation, and retainer arrangements).

- The nonstaff provider donates the cost of providing the services and the donation is formally documented in the

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

accounting records and recorded on TABLE 6.

In either case, the grantee must receive some record that the service was actually performed; that is, the referral was completed, and that one or more encounters were generated.

- c. Total: Enter the total of all onsite encounters on LINE 23, COL. (c) and the total of all other encounters on LINE 23, COL. (d).

TABLE 3 (CONT'D.)

FREQUENCY: Semi-annually unless otherwise instructed by the Regional Office. Data are reported on a calendar year-to-date basis from January 1 through the ending month of the reporting period (June 30 or December 31).

EXHIBIT VI-1

LISTING OF PERSONNEL BY FUNCTIONAL COST CENTER

NOTE: This listing reflects the types of functions personnel perform and does not necessarily correlate to a formal title given to a project employee.

Line	Functional Cost Center and Code	Type of Personnel	Provider	Nonprovider
------	---------------------------------	-------------------	----------	-------------

(A) MEDICAL SERVICES

1.	Primary Care Physicians (M.D. or D.O.)	General Practitioner	X	
		Family Practitioner	X	
		Internist	X	
		Pediatrician	X	
		Obstetrician/Gynecologist	X	

2.	Psychiatrist (M.D. or D.O.)	Psychiatrist	X	
----	-----------------------------	--------------	---	--

3.	Other Medical and Surgical Specialists and Sub-Specialists (M.D. or D.O.)	Allergist	X	
		Cardiologist	X	
		Dermatologist	X	
		Orthopedist	X	
		Surgeon	X	
		Urologist	X	

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

	Ophthalmologist	X
	Other Specialists and Subspecialists	X

4.	Midlevel Practitioners	
	Child Health Associate	X
	Medex	X
	Physician's Assistant	X
	Nurse Practitioner	X
	Certified Nurse-Midwife	X
	Women's Health Care Specialist	X

5.	Nurses-Medical	
	Clinical Nurse Specialist	X
	Public Health Nurse (PHN)	X
	Home Health Nurse	X
	Visiting Nurse	X
	Registered Nurse (RN)	X
	Licensed Practical Nurse (LPN)	X
	Licensed Vocational Nurse (LPN)	X

Midlevel Practitioners and Nurses are considered providers only when acting independently in the provision of medical care.

EXHIBIT VI-1 (CONT'D.)

Line	Functional Cost Center and Code	Type of Personnel	Provider	Nonprovider
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6.	Medical Support	Nurse Aide/Assistant		X
		Clinic Aide/Assistant		X
		Team Clerk		X
		Team Secretary		X
		Appointments Clerk		
		Patient Records Clerk		X

7.	Laboratory-Medical (B)	Pathologist		X
		Medical Technologist		X
		Laboratory Technician		X

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

Laboratory Assistant X
Phlebotomist X

8. X-Ray-Medical (C)

Radiologist X
X-Ray Technologist X
X-Ray Technician X

9. Pharmacy-Medical and Dental (D)

Pharmacist X
Pharmacist Assistant X

(E) DENTAL SERVICES

10. Dentists

General Practitioner X
Specialists:
Oral Surgeon X
Periodontist X
Pedodontist X

11. Dental Hygienists and Oral Therapists

Dental Hygienist X
Oral Therapist X

12. Dental Support

Dental Assistant X
Dental Technician X
Dental Aide X

When these positions can be assigned to a Health Care functional cost center.

EXHIBIT VI-1 (CONT'D.)

Line	Functional Cost Center and Code	Type of Personnel	Provider	Nonprovider
12.	Dental Support (Cont'd)	Team Clerk	X	X
		Team Secretary	X	X
		Appointments Clerk	X	X
		Patient Records Clerk	X	X

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

(G) OTHER HEALTH SERVICES

13. Education and Social Services

Family Planning Counselor X
Health Educator X
Medical Social Worker X
Public Health Nurse X
Home Health Nurse X
Visiting Nurse X
Registered Nurse (RN) X
Licensed Practical Nurse (LPN) X
Licensed Vocational Nurse (LVN) X
Home Health Aide X

14. Other Health

Psychologist X
Psychiatric Nurse X
Psychiatric Social Worker X
Clinical Social Worker X
Mental Health Nurse X
Audiologist X
Occupational Therapist X
Optometrist X
Podiatrist X
Physical Therapist X
Respiratory Therapist X
Speech Pathologist X
Nutritionist/Dietician X

15. Other Health Support

Dietary Technician X
Physical Therapy Assistant X
Health Aide X

When these positions can be assigned to a Health Care functional cost center.

EXHIBIT VI-1 (CONT'D.)

Line	Functional Cost Center and Code	Type of Personnel	Provider	Nonprovider
15.	Other Health Support	Dietary Technician	X	X
		Physical Therapy Assistant	X	X
		Health Aide	X	X

NOTICE OF PROPOSED AMENDMENTS

16. Other Health Support
(Cont'd)
- | | |
|------------------------------|---|
| <u>Home Health Aide</u> | X |
| <u>Optician</u> | X |
| <u>Optometric Assistant/</u> | X |
| <u>Optometric Technician</u> | X |
| <u>Team Clerk</u> | X |
| <u>Appointments Clerk</u> | X |
| <u>Patient Records Clerk</u> | X |

SUPPORT SERVICES

17. Community Service
(H)
- | | |
|----------------------------------|---|
| <u>Family Health Worker</u> | X |
| <u>Outreach Worker</u> | X |
| <u>Community Health Aide</u> | X |
| <u>Community Health Advocate</u> | X |

18. Environmental Health
(I)
- | | |
|-----------------------------------|---|
| <u>Environmental Engineer</u> | X |
| <u>Sanitarian</u> | X |
| <u>Environmental Technologist</u> | X |
| <u>Environmental Technician</u> | X |

19. Patient Transportation
(J)
- | | |
|-----------------------------------|---|
| <u>Transportation Coordinator</u> | X |
| <u>Driver</u> | X |

20. Patient Records
- | | |
|-----------------------------------|---|
| <u>Patient Records Supervisor</u> | X |
| <u>Patient Records Technician</u> | X |
| <u>Patient Records Clerk</u> | X |
| <u>Patient Transcriptionist</u> | X |
| <u>Appointments Clerk</u> | X |

CLINIC OVERHEAD

21. Administration
(K)
- | | |
|-------------------------|---|
| <u>Project Director</u> | X |
| <u>Administrator</u> | X |

- 1 When these positions can be assigned to a Health Care functional cost center.
- 2 When these positions cannot be assigned to a Health Care functional cost center.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

SCRR REPORTING NO. _____

REPORT FOR PERIOD (Check One & Complete One)	
<input type="checkbox"/> January 1988 through June 1988	<input type="checkbox"/> January 1988 through June 1988
<input type="checkbox"/> July 1988 through December 1988	<input type="checkbox"/> January 1988 through December 1988
<input type="checkbox"/> January 1989 through June 1989	<input type="checkbox"/> July 1988 through December 1988

☐ Initial Submission ☐ Revision

TABLE 4: HOSPITAL INPATIENT CARE BY TYPE OF ENCOUNTER FOR THIS REPORTING PERIOD

NOTE: To be completed by all primary care grantees/projects. Primary care grantees/projects include: CH, HC, and MH.

TYPE OF SERVICE	PATIENT ADMISSIONS BY PROJECT STAFF (a)	HOSPITAL INPATIENT ENCOUNTERS BY PROJECT STAFF (b)
1) Pediatrics		
2) Internal Medicine		
3) Obstetrics		
4) Other (Specify)		

*Project staff include: shared, contracted or donated medical personnel, i.e., physicians and medical practitioners.

FREQUENCY OF REPORTING: Semi-annually unless otherwise instructed by the Regional Office. Data are reported on a calendar year-to-date basis from January first through the ending month of the reporting period (June 30 or December 31).

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

midlevel practitioners. Hospital visits by the grantee's nursing and other health staff are not included on TABLE 4, but are included in COL. (d) on TABLE 3.

NOTE: Only one (1) hospital encounter per patient per site (hospital) per day can be reported for medical staff providers regardless of the number of times they visit a hospitalized patient during the day.

TYPE OF SERVICE: The inpatient clinical service or hospital department to which the patient was admitted. Hospital inpatient encounters should be classified by the following type of service.

Pediatrics: The clinical service designed to take care of the diagnosis and nonsurgical treatment of children.

Internal Medicine: The clinical service concerned with the diagnosis and nonsurgical treatment of adults.

Obstetrics: The clinical service concerned with the care and treatment of women during pregnancy, childbirth and the postpartum period; does not include gynecology.

Other: All clinical services other than pediatrics, internal medicine or obstetrics.

INSTRUCTIONS

SPECIFIC

1. The grantee's BCRR Reporting Number should be entered at the top of the table, the Reporting Period box completed, and an "X" placed in the appropriate Initial Submission/Revision box.

TABLE 4 (CONT'D.)

2. The total number of patient encounters by grantee staff should be entered on the line of the appropriate clinical service.

EXAMPLE: The grantee staff had the following record of inpatient care during the reporting period:

1 Obstetrics Admission - 3 Hospital Encounters
1 Pediatrics Admission - 2 Hospital Encounters
1 Pediatrics Admission - 4 Hospital Encounters

These are reported as follows:

3 Hospital Inpatient Encounters by Grantee Staff, LINE 3

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

EXHIBIT VI-1 (CONT'D.)

Line	Functional Cost Center and Code	Type of Personnel	Provider	Nonprovider
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21.	Administration (Cont'd)	Finance Director	X	
		Accountant	X	
		Bookkeeper	X	
		Secretary	X	
		Director of Planning & Evaluation	X	
		Clerk Typist	X	
		Billing Clerk	X	
		Cashier	X	
		Director of Data Processing	X	
		Key Punch Operator	X	
		Personnel Director	X	
		Registration Clerk	X	
		Receptionist	X	
		Director of Marketing	X	
		Marketing Representative	X	
		Enrollment/Service Representative	X	
		Patient Advocate/Ombudsman	X	

22.	Facility	Janitor/Custodian	X	
		Security Guard	X	
		Groundskeeper	X	
		Equipment Maintenance Personnel	X	
		Housekeeping Personnel	X	

TABLE 4: Hospital Inpatient Care by Type of Encounter for This Reporting Period

APPLICABILITY This table must be completed by all primary care grantees. Grantees include: CH, HC (medical), and MH.

BCHS supported grantees which are Federally qualified HMOs should not submit this table.

DEFINITIONS

HOSPITAL INPATIENT ENCOUNTERS: Encounters by the medical staff member(s) who assumes the medical management responsibility of the patient during hospitalization. Also includes consultation visits by physicians and

ILLINOIS REGISTER
DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

BCRR REPORTING NO. _____

REPORT FOR PERIOD (Check One & Complete Date)

January 198	through June 198
July 198	through December 198
198	through 198

☐ Initial Submission ☐ Revision

TABLE 5: SELECTED CLINICAL SERVICES FOR THIS REPORTING PERIOD

NOTE: Only applies to projects affected by Primary Care Effectiveness activity as follows: CH, FP, HC and MH.

Clinical User Category	Records Sampled (a)	Records in Compliance (b)
1) Immunization 24-27 months		
2) Immunization 5-6 year olds		
3) Adolescent Family Planning Counseling (under 20 years)		
4) Pap Smear Follow-up		
5) Hypertension Follow-up (10 years and over)		
6) Anemia Screening 24-27 months		

FREQUENCY OF REPORTING: Semi-annually (January 1 - June 30, July 1 - December 31)

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

(Obstetrics), COL. (b)
6 Hospital Inpatient Encounters by Grantee Staff, LINE 1
(Pediatrics), COL. (b)

3. All "Other" patient admissions by grantee staff should be specified by entering the name(s) of the clinical service(s) (or abbreviation) in the space provided in the left column of LINE 4. One figure for the total encounters for all "Other" clinical services, regardless of the number of "Other" clinical services, should be entered on LINE 4, COL. (b).

Example: The grantee staff had the following record of inpatient care for "Other" clinical services for the reporting period:

2 Gynecology Admissions - 5 Hospital Encounters
2 Surgery Admissions - 7 Hospital Encounters

These are recorded as follows:

Gynecology, Surgery (or Gyn., Surg.) - Type of Services, LINE 4
12 Hospital Inpatient Encounters by Grantee Staff, LINE 4,
COL. (b)

4. The total number of hospital inpatient encounters (i.e., offsite encounters) shown in this table should also appear as part of the "All Other" medical encounters shown in TABLE 3, COL. (d). For example, if a hospitalized patient has two encounters with a member of the grantee staff, these two (2) encounters are on the appropriate line in TABLE 3, COL. (d) and as two (2) on the appropriate line in TABLE 4, COL. (b).

TABLE 4 (CONT'D)

FREQUENCY: Semi-annually unless otherwise instructed by the Regional Office. Data are reported on a calendar year-to-date basis from January 1 through the ending month of the reporting period (June 30 or December 31).

TABLE 5: Selected Clinical Services
for This Reporting Period

APPLICABILITY: The chart below summarizes the applicability of each reported clinical service to BCHS programs.

Clinical Service	CH*	FP	HC**	MH
Immunization				

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

24-27 months old	1	3	1	1	1
6 years old	1	3	1	1	1
Family Planning Counseling for Adolescents	1	1	1	1	1
Pap Smear Follow-up	1.2	1.2	1.2	1.2	1.2
Hypertension Follow-up	1	1	1	1	1
Anemia Screening					
24-27 months old	1	3	1	1	1

- 1 - Applicable.
- 2 - Applicable, may be provided through formal written referral arrangements approved by the Regional Office.
- 3 - Not applicable.

*Includes BCHS supported grantees which are Federally qualified HMOs.

**Free-standing NHSC sites that provide medical services.

DEFINITIONS

RECORDS SAMPLED: Records to be audited should be selected from the grantee's file of active patients. Active patients for the purpose of audit should include those patients who have had at least one medical encounter during the 24 months prior to the audit. Records for immunization and anemia screening audit should be drawn from the records of the appropriate universe of active patient groups for the particular indicator. Records for pap smear follow-up must be drawn from among the records of women who had Class III, IV or V pap smear results during the period (see #4 under Specific Instructions). Records for adolescent family planning counseling and hypertension follow-up audit can be drawn from the records of those patients who had an encounter for these purposes during each 6 month reporting period (either January through June or July through December). These patients may be identified through the daily log, appointment roster, computer printouts, diagnostic registers, or other listings of users during the reporting period.

TABLE 5 (CONT'D)

At least 20 records of active patients whose health records could be examined for a particular clinical service must be sampled for each reported clinical indicator. If there are fewer than 20 records of active patients for any indicator, then the charts of all active users

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

whose health records could be examined for a particular clinical service must be included. Grantees may use a universal count, rather than a sampling of records, to report any indicator.

A single health record may be audited for several applicable clinical services. For example, the record of a two year-old may be examined for documentation of immunization and hemoglobin measurement. This record counts as one of 20 required records to be sampled for each of these clinical services.

Grantees with multiple service delivery sites should develop clinical quality assurance mechanisms by which records from each site are sampled periodically for the reported clinical services. These grantees have the option of sampling records from each site for each submission of this table, or rotating record sampling among sites provided that records from each site are sampled at least annually.

RECORDS IN COMPLIANCE: Records sampled which have documentation of all required services provided at the appropriate time, as specified for each clinical service, are in compliance. The guidance document, Primary Care Effectiveness: An Approach to Clinical Quality Assurance in BCHS Programs and Projects, effective January 1982, should be referenced for a more detailed description of the clinical quality assurance indicators shown.

INSTRUCTIONS

SPECIFIC

1. The grantee's BCRR Reporting Number should be entered at the top of the table, the Reporting Period box completed, and an "X" placed in the appropriate Initial Submission/Revision box.

2. Immunization, LINES 1 and 2:

Record Sampled, COL. (a): At least 20 records of active patients in each age category should be selected if the grantee has an immunization tracking system. If the grantee has not established an immunization tracking system, the grantee should select a statistically valid sample of records, according to the sampling procedures described on page 10 of the BCHS Guidance for Improving Immunization Levels - 1977.

An exception to this rule is pap smear follow-up, for which all records must be counted. See Instruction 4.

TABLE 5 (CONT'D)

Records in Compliance, COL. (b): The number of records sampled which

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

have documentation of all recommended immunizations, as specified in the Public Health Service/American Academy of Pediatrics Schedule in the BCHS publication, Primary Care Effectiveness (1982).

3. Adolescent Family Planning Counseling, LINE 3:

Records Sampled, COL. (a): The grantee should select at least 20 records of active female patients under 20 years of age who have had a family planning encounter with a medical provider for the purpose of receiving a family planning method. If family planning services are not offered by the grantee's staff enter 0 on LINE 3, COLS. (a) and (b).

Records in Compliance, COL. (b): The number of records sampled which have documentation that counseling was provided prior to, or at the time of, receiving any family planning method. (See definition of family planning encounter with an other health provider on page 40).

4. Pap Smear Follow-up, LINE (4)

Records Sampled, COL. (a): In order to allow six weeks for follow-up of Class III, IV and V pap smears, grantees must review the records of all women which show Class III, IV and V pap smear results received between six weeks prior to the beginning of the reporting period and six weeks prior to the end of the reporting period, as shown in the following chart.

Reporting Period	Count All Class III, IV and V Pap Smear Results Received	
	From	Through
Jan. 1 - June 30	Nov. 16	May 15
July 1 - Dec. 31	May 16	Nov. 15

Records in Compliance, COL. (b): The number of records of patients counted in COL. (a) which have documentation of follow-up and further diagnostic study by a gynecologist within six weeks of the date the pap smear result was received. Follow-up and further diagnostic study may be provided by either a grantee staff gynecologist or through referral out of the center. All grantees noted in the applicability section must report on this indicator even if they do not pay for follow-up referral. Records which show documented attempts at contacting the patient without success or patient refusal of follow-up care can be counted as in compliance, but this should be a rare occurrence.

TABLE 5 (CONT'D)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

5. Hypertension Follow-up, LINE 5:

Records Sampled, COL. (a): The grantee should select at least 20 records of active patients, age 10 and older, who have been diagnosed as hypertensive according to the grantee's criteria for hypertension. If the grantee serves adults, then at least half of the charts should be those of adult patients.

Records in Compliance, COL. (b): The number of records sampled which have documentation of adherence to the grantee's treatment plan for hypertension, or the treatment plan developed for the individual patient. It is the responsibility of each grantee to develop its own hypertension treatment and criteria for adherence. The BCHS publication, Guidance for High Blood Pressure Control in Primary Care Settings, is available to assist each grantee in developing appropriate high blood pressure control plans. The BCHS guidance material pertaining to the hypertension follow-up indicator should also be referenced. Adherence is determined by ascertaining whether the visits for blood pressure follow-up have occurred as outlined in the treatment plan; and if appointments were missed, whether efforts to re-engage the patient in therapy were made and documented. Further, the record should show either progress toward the blood pressure goal or reasons why progress has not been made.

Special Instructions for Grantees Providing Only Family Planning Services: Grantees should have established procedures for determining if their patients are hypertensive and for either treating them or referring them for treatment elsewhere. When the patient is referred, it is suggested that the grantee note this action and the source of care, if known, in the patient record and on a referral log. For reporting on TABLE 5, grantees will report on hypertension screening, as follows.

- Records Sampled, COL. (a): The grantee should select at least 20 records of active patients age 10 and older, at least half of whom are adults, if the project serves adults.
- Records in Compliance, COL. (b): The number of records sampled which have documentation of a blood pressure measurement at the most recent medical encounter or within one year of the most recent medical encounter.

TABLE 5 (CONT'D.)

6. Anemia Screening, LINE 6:

Records Sampled, COL. (a): The grantee should select at least 20 records of active patients, ages 24-27 months.

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

Records in Compliance, COL. (b): The number of records sampled which have documentation of a hematocrit or hemoglobin measurement since the time of registration.

REPORT FOR PERIOD: CHS One & Complete Care
 REPORT FOR PERIOD: CHS One & Complete Care
 REPORT FOR PERIOD: CHS One & Complete Care
 REPORT FOR PERIOD: CHS One & Complete Care

CHS REPORTING NO. _____
 HCA ID NO. _____

☐ Internal Submission ☐ Revision

TABLE 6. COSTS BEFORE AND AFTER DISTRIBUTION BY FUNCTIONAL COST CENTER FOR THIS REPORTING PERIOD

NOTE: Grantee should complete this table as follows:
 Annual: The entire table (LINES 1 through 13, COLS. a through g).
 For all months (unless otherwise instructed by the Regional Office) to report quarterly for the first three quarters.
 Complete all of LINE 13 and the appropriate data in COLS. (f) and (g).

FUNCTIONAL COST CENTER	PERSONNEL WORKSHEET (COL. 1)	OTHER CONSULTANT AND CONTRACT SERVICES (COL. 2)	VALUE OF MATERIALS AND SUPPLIES (COL. 3)	TOTAL DISTRIBUTION (COLS. 1 + 2 + 3) (COL. 4)	TOTAL AFTER DISTRIBUTION (COL. 5)	TOTAL AFTER DEPRECIATION (COL. 6)	TOTAL AFTER OVERHEAD COSTS (COL. 7)	WORKSHEET (COL. 8)
HEALTH CARE FUNCTIONS								
1) Medical (a)								
2) Laboratory Medical (b)								
3) X-Ray Medical (c)								
4) Pharmacy Medical & Dental (d)								
5) Dental (see Line 6 & 7) (e)								
6) Inpatient (f)								
7) Other Health (g)								
8) Community Service (h)								
9) Environmental (i)								
10) Patient Transportation (j)								
CLINIC OVERHEAD FUNCTIONS								
11) Administration (k)								
12) Facility (l)								
13) TOTAL (LINES 1 through 12)								

*Include the costs of indirect personnel, including the costs of those benefits and in accordance with Table A Worksheet A.
 **Include the costs allocated with indirect personnel, including NHSC personnel, including the laborable cost of the individual, and the amount actually transferred to the grant.

NOTE: The distribution of PERSONNEL COSTS across the functional areas should correspond to the distribution of STAFF PERSONNEL. The EQUIPMENT Room in TABLE 3. For any individual whose time is split among two or more functions in TABLE 3, the same percentage split should be applied to personnel and equipment costs in this table.
 All amounts should be rounded off to the nearest dollar.

CONSISTENCY CHECK:
 LINE 13, COL. (a) = LINE 13, COL. (g)

FREQUENCY OF REPORTING: Semi-annually unless otherwise instructed by the Regional Office. Data are reported on a calendar year-to-date basis from January first through the ending month of the reporting period (June 30 or December 31).

FREQUENCY: Semi-annually (January-June, July-December).

TABLE 6: Cost Before and After Distribution by Functional Cost Center for This Reporting Period

APPLICABILITY This table applies to the following programs: CH, FP, HC, and MH. BCHS supported grantees which are Federally qualified HMOs should not submit this table. Family Planning grantees should complete this table as instructed in the Preface, page iv.

Grantees should complete this table as follows.

First Six Months (January to June Reporting Period): All unshaded cells on LINE 13, COLS. (a) through (g), and all unshaded cells on LINES 1 through 13, COLS. (f) and (g) only. (This also applies to grantees that have been instructed by the Regional Office to report quarterly for the first three quarters.)

Annual (January to December Reporting Period): All unshaded cells within the table, LINES 1 through 13, COLS. (a) through (g).

DEFINITIONS

COST: Cost represents that portion of prior, current and future expenditures which are actually consumed or can reasonably and systematically be allocated to the current period. This includes the value of all goods and services consumed or allocated to the reporting period for which no expenditure is required (e.g., donated goods and services, NHSC personnel, volunteer services, depreciation).

FUNCTIONAL COST CENTERS: A classification system for costs incurred in the provision of health services, allocated by type of function.

HEALTH CARE FUNCTIONAL COSTS: All costs, including the cost of donated goods and services, incurred in delivering health services. Health care costs are generated in the following functional categories:

Medical: Costs incurred in providing medical services, either onsite or offsite, for the prevention, diagnosis, treatment and rehabilitation of illness or injury. Included costs of providing medical services which are incidental to or an integral part of the services provided by a physician or other medical provider.

This function includes the costs of inpatient care by medical staff

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

providers, nursing services (including home health services), and all routine and specialized medical services provided by the grantee. The costs of medical malpractice insurance and patient records are also included.¹

¹See TABLE 6 Worksheet A for a suggested methodology of allocating patient records costs.

TABLE 6 (CONT'D)

Laboratory (Medical): Costs of outpatient laboratory services, with the exception of dental laboratory services, either performed onsite or offsite. These costs include payments to outside laboratories for services provided to grantee patients.

X-Ray (Medical): Costs of providing outpatient x-ray diagnostic and therapeutic services, except dental x-rays, performed either onsite or offsite. These costs include payments to outside x-ray programs for services provided to grantee patients.

Pharmacy: Costs of operating a licensed pharmacy within the project or payments to commercial pharmacies for prescriptions filled for grantee patients for all health services, including dental services, for which the clinic is billed. The costs of pharmaceuticals, such as oral contraceptives, dispensed by a provider other than a pharmacist are also included in this cost center.

Dental: Costs incurred in providing dental services for the purpose of prevention, assessment or treatment of a dental problem, including dental laboratory, x-ray, and prosthetics, whether the services are performed onsite or offsite. Costs include dental malpractice insurance and patient records costs.

Inpatient: Costs incurred for inpatient or extended care facility services for which the grantee assumes the responsibility for payment. This includes nonstaff providers, room and board, and ancillary services while the patient is in the hospital as an inpatient. Excluded from this category are costs associated with inpatient services provided by staff providers and support personnel whose staff time and costs are reported under the medical cost center. Hospital charges incurred for the diagnosis and treatment of outpatients are included in the appropriate health care functional cost centers described above, not the inpatient cost center.

Other Health: Costs incurred in providing health services other than medical and dental. This category includes any specialized other

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

health service provided by the grantee, even if such health service is provided at a separate clinic. This category includes costs of podiatry, audiology, medical social work, counseling, health education, physical, speech and occupational therapy, nutrition programs, other health services related to inpatient care (such as discharge planning), home health services, and patient records for other health services.¹

¹See TABLE 6 Worksheet A for a suggested methodology for allocating patient records costs.

TABLE 6 (CONT'D.)

Community Service: Costs incurred in the provision of activities which inform prospective patients of the availability of grantee services, assist patients in availing themselves of these services, and maintain continuity of patient care. This category includes outreach and/or recruitment of prospective patients, assisting patients in obtaining services from other medical and social service agencies and follow-up work with patients who are not using grantee services appropriately; e.g., who have missed appointments.

Environmental: Costs directly related to an organized environmental health program, including activities such as sanitation inspections and environmental education campaigns.

Patient Transportation: Costs incurred in providing transportation for patients. These costs include the following: the cost of operating leased and/or owned vehicles; the cost of ambulance services; bus and cab fares; other forms of patient transportation paid for by the grantee; and personnel costs associated with transportation services.

CLINIC OVERHEAD FUNCTIONAL COSTS: All costs, including the value of donated materials and services, necessary to administer or operate the overall grantee program. These costs are later distributed among the health care functional cost centers in order to obtain cost figures which measure the total amount of resources required to perform each of the health care functions. See Exhibit VI-2 for the detailed list of costs which are usually included in each of the two clinic overhead cost centers. The clinic overhead functions are comprised of the following.

Administration: Costs associated with the administrative and general management activities of the grantee. For grantees with prepaid activities, costs include marketing costs related to the development and implementation of programs designed to enroll and retain members in the prepaid plan.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

Facility: Cost associated with using and maintaining the physical plant of onsite clinics (as defined on page 48), including housekeeping and maintenance, security, utilities, rental and depreciation.

NOTE: Patient records costs, including personnel and other costs associated with maintaining the grantee's health records, should be allocated to the appropriate medical, dental and/or other health functional cost center(s) according to the methodology on Worksheet A or the grantee's own methodology.

TABLE 6 (CONT'D)

COST CATEGORIES:

Salaries Personnel: Those costs incurred by the grantee for compensation of its employees for their services during the reporting period, i.e., gross salaries and wages, including annual and sick leave, holiday pay, overtime, bonuses and the cost of fringe benefits.

Fringe benefits include the employer's share of employee hospitalization, medical and dental insurance, Social Security taxes (FICA), unemployment compensation, annuity, and pensions. Fringe benefits do not include membership dues, subscriptions, continuing education and other similar costs. Fringe benefit expenses are either assigned directly or allocated to the functional cost center to which the employee's salary or wages are assigned.

Other: All costs, other than salaries and fringe benefits, which were incurred by the grantee. Included in this category are the costs of:

- consultant and contract services;
- supplies consumed during the period;
- travel and training;
- depreciation of purchased fixed assets including facilities, leasehold improvements and equipment. (See Capital Expenditures, page 117.2);
- insurance, interest and taxes (other than payroll-related taxes which are included in personnel costs as a part of fringe benefits);
- postage, freight, telephone, answering service; and
- rent and utilities.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

Value of Donated Materials and Services: All costs which are necessary and prudent to the operation of the grantee and which are not paid directly by the grantee. This category includes the estimated fair market value of donated personnel, supplies, services, space rental and depreciation for the use of donated facilities and equipment.

The full value of National Health Service Corps (NHSC) assignee(s), not the amount reimbursed, is also included in this category. NHSC furnished equipment, including dental operatories, should be capitalized at the amount shown on the NHSC Equipment Inventory Document, and the appropriate depreciation expense (based on the life of the equipment) should be shown in this category for the reporting period.

[See TABLE 6 Worksheet A for a suggested methodology for allocating fringe benefit costs to personnel.]

TABLE 6 (CONT'D)

The estimated fair market value (FMV) should be calculated according to the cost which is required to obtain similar services, supplies, equipment or facilities within the immediate area at the time of the donation. The FMV should only be recognized when the intent of the donating parties is explicit and when the services, supplies, etc. are both prudent and necessary to the grantee's operation.

INSTRUCTIONS

GENERAL

1. All costs associated with the services and activities included in the grantee's approved application for BCHS funding, including those associated with delegate agency operations, should be reported on this table. Free-standing NHSC sites will only include those portions of costs associated with the services and activities approved in the Memorandum of Agreement.
2. The home health activities of BCHS grantees should be included in TABLE 6 according to the type of service(s) performed.
3. Amounts should be rounded off to the nearest dollar.
4. Negative symbols (parentheses, brackets, minus signs) should not be used.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

5. This is an accrual basis table. Costs reported on TABLE 6 represent the amounts consumed during the reporting period, regardless of when payments are made. See the adjustments necessary to convert costs from cash to accrual basis in Exhibit VI-3 and the discussion on accrual accounting in the BCHS Accounting Manual (1980 Edition).
6. Amounts to be entered in this table are period specific, as of the end of each reporting period. For example, if the reporting period is the six month period ending June 30, then enter the costs incurred from January 1 through June 30. If the reporting period is the 12 month period ending December 31. This includes costs already reported on the January through June report.
7. The letters which appear in parentheses next to the functional cost centers on this table are the alphabetic prefix functional codes for the corresponding accounts in the Bureau of Community Health Services' Accounting Manual. These same letters are used to identify the functional cost centers on TABLE 3.

TABLE 6 (CONT'D)

8. Reporting of personnel costs by functional cost center on TABLE 6 should be consistent with the allocation of staff personnel equivalents on TABLE 3.

SPECIFIC

1. The grantee's BCRR Reporting Number should be entered at the top of the table, the Reporting Period box completed, and an "X" placed in the appropriate Initial Submission/Revision box.
2. Grantees which maintain their financial records on a cash basis must convert the financial data to the accrual basis according to the steps outlined in Exhibit VI-3.
In making the adjustments described in Exhibit VI-3, if the ending date for the reporting period does not correspond to the fiscal year end, it will not be necessary to post entries to the books of the grantee. However, work papers should be maintained which show the following:
 - a. the initial book balance of individual accounts at period end;
 - b. a summary of all adjustments made; and
 - c. the reversal of all adjustments if the entries are posted to the books of the grantee.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

3. Grantees which maintain their financial records according to budget line items must convert the financial data to the Table 6 functional cost centers.
4. In order to assign costs to the appropriate functional cost center and cost category, individual invoices and other available documentation may need to be reviewed.

Completion of TABLE 6:

1. Salaried Personnel, COL. (a): Includes wage and salary costs, as well as the costs of fringe benefits.
Grantees which keep patient records costs separately should include the patient records personnel costs from Worksheet A, COL. (c) or from the grantee's own records for allocating the costs to the medical, dental, and other health cost centers.
Grantees which have assigned or allocated fringe benefits to the cost centers throughout the reporting period need only to combine the salary and fringe benefit amounts (after conversion to the accrual basis) and enter the amount on the line corresponding to that cost center.

TABLE 6 (CONT'D)

- Grantees which maintain all fringe benefits costs together, rather than by functional cost center, should allocate the fringe benefit costs to the functional cost centers using Worksheet A, COLS. (e) through (g).
- Enter total personnel costs (salaries and fringe benefits) for each functional cost center on TABLE 6, COL. (a). LINES 1 through 12 from the data in the grantee's records or from Worksheet A COL. (h).
- Total COL. (a), LINES 1 through 12 and enter the total on LINE 13, COL. (a).
- Other, COL. (c): Includes all costs (except salaries and fringe benefits) as classified by functional cost center after adjustments have been made to record actual consumption rather than expenditures. This includes depreciation of fixed assets which were purchased directly by the grantee.
Grantees which keep patient records costs separately should include the patient records other costs from Worksheet A, COL. (d) or from the grantee's own records for allocating the cost to the medical, dental and other health cost centers.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

Enter total other costs for each functional cost center in COL. (c), LINES 1 through 12. Total COL. (c), LINES 1 through 12 and enter the total on LINE 13, COL. (c).

3. Value of Donated Materials and Services, COL. (d): Includes all costs necessary and prudent to the operation of the activities and services of the grantee which are not paid for directly by the grantee.

The estimated fair market value assigned to each donation at the time of the donation is the basis for calculating the cost for the reporting period. The donated cost classification includes:

- the imputed reasonable cost of NHSC assignees, not the amount reimbursed;
- the FMV of all personnel who are donated and are not considered employees; and
- depreciation costs on all donated equipment and facilities, and the amount consumed during the reporting period of any other donated materials or supplies.

Enter the total value of donated materials and services in COL. (d) on LINE 13.

TABLE 6 (CONT'D.)

- Total before Distribution, COL. (e): Total LINE 13 of COLS. (a), (c) and (d) and enter the total in COL. (e).
- Refer to TABLE 6 Worksheet B for calculation of the amounts to be entered in COLS. (f) and (g). Column (f), LINE 11 of TABLE 6 must be filled in.
- Complete all totals and verify all consistency checks for TABLE 6 and TABLE 6 Worksheet B.

FOR GRANTEES WHICH HAVE MULTIPLE HEALTH SERVICE SITES AND/OR DELEGATES:

Include all costs associated with health care delivery (as per the approved Grant Application or NHSC Memorandum of Agreement), including the clinic overhead costs of both the grantee and the delegate.

FOR SERVICES CONTRACTED OUT TO OTHER PROVIDERS ON A SERVICE UNIT OR PER CAPITA BASIS:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

1. Examples:

- A Family Planning grantee which contracts with all its delegates on a negotiated unit cost basis.
- A Community Health or Migrant Health Center grantee which contracts with several group practices or private practitioners on a negotiated, prepaid capitation or unit cost basis.
- Grantees which are funded by a Regional Office on a capitated basis.

2. Only complete the unshaded cells of COLS. (c), (f) and (g) of TABLE 6.

- COL. (c), LINES 1 through 10: Grantees must break down the negotiated unit rate or capitation rate by cost center in order to accurately reflect the components of the rate in reporting TABLE 6. In other words, the grantee must report the applicable medical, laboratory, x-ray, pharmacy, dental, other health and other cost components which comprise the health care portion of the negotiated rate on LINES 1 through 10, COL. (c).
- LINES 11 and 12, COL. (c): Grantees must show on these lines their own clinic overhead administration and facility costs, plus all the costs associated with the administration and facility components of the negotiated unit rate or capitation rate.
- LINE 13, COL. (c), Total.

TABLE 6 (CONT'D.)

- LINES 1 through 13, COLS. (f) and (g): Grantees must show in the unshaded cells of these columns the total costs after the allocation of clinic overhead functions including facility and administration.

- Grantees unable to submit the data in conformance with the above instructions may request a waiver to all or part of TABLE 6 according to the procedures outlined in Section III, C. of this manual on Pages 5 and 6.

FREQUENCY: Semi-annually unless otherwise instructed by the Regional Office. Data are reported on a calendar year-to-date basis from January 1 through the ending month of the reporting period (June 30 or December 31).

EXHIBIT VI-2

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

LIST OF EXAMPLES OF CLINIC OVERHEAD COSTS

<u>Cost Item</u>	<u>Functional Cost Center</u>
Project Management	Administration
Accounting & Bookkeeping	Administration
Legal Services	Administration
Record Keeping	
Patient Records	Health Care
Other	Administration
Internal & External Management Reports	Administration
Computer Costs	
Patient Records	Health Care
Other	Administration
Clerical & Typing	Administration
Registration & Reception (not appointments)	Administration
Marketing	Administration
Billing	Administration
Payroll & Personnel Systems	Administration
Training Activities	Administration
Clinical Quality Assurance Activities	Administration
Office Supplies	Administration
Office Equipment (incl. depreciation)	Health Care
Telephone & Telegraph	Administration
Postage & Freight	Administration ²
Membership Dues & Subscriptions	Administration
Travel	Administration ¹
Indirect Cost Agreements	Administration
Taxes	
Payroll	All Cost Centers with
Property	Salaried Personnel
Other	Administration
Insurance	Administration
Bonding (employee & board)	
Facilities (liability)	Administration
Malpractice	
Custodial Costs	Administration
Janitorial Costs	Facility
Security, Equipment and Personnel	Health Care
Preventive Maintenance	Facility
Minor Repair Costs	Facility
Depreciation of Fixed Equipment	Facility
Depreciation of Building & Renovation	Facility
Use & Maintenance of Physical Plant	Facility

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

Space Rental
Utilities

Facility
Facility

1. Costs that are not directly supportive of, or that cannot be assigned to, a specific Health Care function.
2. Documented long distance calls for consultation are assigned to Health Care functions.
3. Reimbursement for indirect costs based upon a fixed percentage rate applied to a known expense amount and approved by DHHS

EXHIBIT VI-3

ADJUSTMENTS NECESSARY TO CONVERT COSTS FROM CASH
TO ACCRUAL BASIS FOR TABLE 6

ADDITIONS TO CURRENT PERIOD EXPENDITURES

PRIOR PERIOD EXPENDITURES CONSUMED IN, OR ALLOCATED TO, THE CURRENT REPORTING PERIOD.

1. Depreciation expense on capital items.
2. The portion of prepaid expenses (insurance, rent, interest, taxes) consumed during this period, but paid for prior to this period.

CONSUMPTION DURING THE CURRENT REPORTING PERIOD OF GOODS AND SERVICES WITHOUT A CORRESPONDING CURRENT PERIOD EXPENDITURE.

1. Accounts payable and/or accrued expenses.
2. The fair market value (FMV) of donated goods and services consumed during the period.
3. Description expense calculated from the FMV assigned to capital items acquired by donation.

DEDUCTIONS FROM CURRENT PERIOD EXPENDITURES

EXPENDITURES FOR GOODS AND/OR SERVICES NOT CONSUMED DURING THE REPORTING PERIOD.

1. Expenditures for capital items.
2. The portion of expenditures for prepaid items made during this period for which partial or total benefits will be derived in a future period.
3. Expenditures for the retirement of the principal on outstanding debts.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

TABLE 6 WORKSHEET A: Distribution of Patient Records Costs and Fringe Benefits Across Functional Cost Centers

APPLICABILITY Grantees may allocate costs in accordance with the methodology demonstrated on the TABLE 6 Worksheet A to obtain the amounts for COLS. (a) and (c) on TABLE 6. Worksheet A itself does not have to be used, and it should not be submitted.

Those grantees with accounting systems that can routinely distribute patient records costs to health care functional cost centers and fringe benefits to personnel costs may not need to use all or part of Worksheet A and may complete COLS. (a) and (c) of TABLE 6 with the amounts generated by their own methodologies.

The grantee must retain a copy of all worksheets used in the allocation.

DEFINITIONS

DISTRIBUTION OF PATIENT RECORDS COSTS, WORKSHEET A COLS. (a), (b), (c), and (d): This section of Worksheet A is designed to assist grantees in the allocation of patient records salaries personnel and other costs to the medical, dental, and other health functional cost centers. The percentage of total encounters attributed to each of three cost centers applied to the patient records cost categories is used as the basis for this allocation.

DISTRIBUTION OF FRINGE BENEFITS COSTS, WORKSHEET A COLS. (e), (f), (g) and (h): This section of Worksheet A is designed to assist grantees in the allocation of fringe benefits on an equitable basis to the salaries with which they are associated. The basis of allocation used is the fringe benefit rate applied to total salaries by cost center.

INSTRUCTIONS

GENERAL

1. Dollar amounts should be rounded to the nearest dollar.
2. Percentage figures may be rounded to whole numbers provided the column total equals 100 percent.
3. Negative symbols are preprinted on Worksheet A as parentheses where subtractions are necessary.
4. If used, Worksheet A should be retained by the grantee and not submitted with the other tables.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

TABLE 8 WORKSHEET A: DISTRIBUTION OF PATIENT RECORDS COSTS AND FRINGE BENEFITS ACROSS FUNCTIONAL COST CENTERS

NOTE: If this Worksheet is used, it must be retained by the grantee. It should not be submitted with TABLE 6.

FUNCTIONAL COST CENTERS	DISTRIBUTION OF PATIENT RECORDS COSTS			DISTRIBUTION OF FRINGE BENEFITS COSTS				Value of Donated Mat. & Svcs.	Total Before Distribution
	Number of Encounters	% of Total Encounters	Amount of Personnel Data to Functions	Amount of Other Data to Functions	% of Total Salaries	Amount of Fringe Benefits Distrib. to Functions	Total Salaries Personnel Costs		
HEALTH CARE FUNCTIONS									
1) Medical (A)									
2) Laboratory Medical (B)									
3) X-Ray Medical (C)									
4) Pharmacy Medical (D)									
5) Dental Lab & X-Ray (E)									
6) Dentist (F)									
7) Other Health (G)									
8) Emergency Services (H)									
9) Emergency (I)									
10) Patient Transportation (J)									
11) Patient Records									
CLINIC OVERHEAD FUNCTIONS									
12) Administration (K)									
13) Facility (L)									
14) Fringe Benefits									
15) TOTAL (LINES 1 through 14)		100%	-0-	-0-	100%	-0-			

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

TABLE 6 WORKSHEET (CONT'D.)

SPECIFIC

1. Distribution of Patient Records Costs

If the grantee has already assigned patient records personnel across the health care cost centers on TABLE 3, the grantee should use the same methodology for allocating the rest of the patient records costs in order to maintain consistency in cost allocation methodology.

If patient records costs have not been assigned to health care cost centers, complete the following steps.

- a. Transfer the total medical encounters from TABLE 3, COLS. (c) and (d), LINES 1 through 5 onto TABLE 6 Worksheet A, COL. (a), LINE 1.

Transfer the total dental encounters from TABLE 3, COLS. (c) and (d), Lines 10 and 11 onto TABLE 6 Worksheet A, COL. (a), LINE 5.

Transfer the total other health encounters from TABLE 3, COLS. (c) and (d), LINES 13 and 14 onto TABLE 6 Worksheet A, COL. (a), LINE 7.

Enter the total encounters from LINES 1, 5 and 7 on LINE 15, COL. (a).

- b. In COL. (b), divide each of the numbers on LINES 1, 5 and 7, COL. (a) by the total on LINE 15, COL. (a) and enter the percentage obtained on the corresponding line in COL. (b). Round the figures to whole numbers as necessary to ensure that the total of percentages in COL. (b) equals 100 percent.

- c. Enter the total salaried personnel costs attributable to patient records from the grantee's books onto LINE 11, COL. (c).
Multiply each percentage from COL. (b) by the patient records salaried personnel costs on LINE 11, COL. (c) and enter the result on the corresponding line of COL. (c).

Total COL. (c) and check that the total equals "0" on LINE 15. Note that LINE 11 is a negative number.

- d. Enter the total other costs attributed to patient records from the grantee's books onto LINE 11, COL. (d).

Multiply each percentage from COL. (b) by the patient records

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

other costs on LINE 11, COL. (d) and enter the result on the corresponding line of COL. (d).

TABLE 6 WORKSHEET A (CONT'D.)

Total COL. (d) and check that the total equals "0" on LINE 15. Note that LINE 11 is a negative number.

- e. Add the patient records salaried personnel costs on LINES 1, 5 and 7, COL. (c) to the remainder of the grantee's salaried personnel costs by cost center and enter the total personnel costs on TABLE 6, COL. (a) if fringe benefits are already included. If fringe benefits are not included, then enter the total personnel costs on the corresponding lines of the Worksheet, COL. (e).

Add the patient records other costs on LINES 1, 5 and 7, COL. (d) to the remainder of the grantee's other costs by cost center and enter the total other costs on TABLE 6, COL. (c).

2. Distribution of Fringe Benefits Costs

If fringe benefits have been allocated to the actual salaries or wages within each cost center, this distribution will not be necessary. The grantee need only transfer its total personnel cost (including fringe benefits) by functional cost center, to TABLE 6, COL. (a).

If fringe benefits have not been distributed, complete the following steps.

- a. List salaried personnel cost as classified by functional cost center in COL. (e) of Worksheet A. Total all amounts in COL. (e) and enter the total on LINE 15, COL. (e).

- b. Divide each of the numbers in COL. (e) by the total on LINE 15 and enter the percentage obtained on the corresponding line in COL. (f). Round the figures to whole numbers as necessary to ensure that the total of the percentages in COL. (f) equals 100 percent.

- c. Enter the total fringe benefits costs on Line 14, COL. (g).

Multiply each percentage from COL. (f) by the total fringe benefits costs on LINE 14, COL. (g) and enter the result on the corresponding line of COL. (g).

Total COL. (g) and check that the total equals "0" on LINE 15.

Note that LINE 14 is a negative number.

d. For each line, add the amounts in COL. (e) to the amounts in COL. (g) and enter the total in COL. (h).

Total COL. (h) and transfer COL. (h) in its entirety to TABLE 6 COL. (a).

TABLE 6 WORKSHEET A (CONT'D.)

3. Compilation of Total Costs Before Distribution

a. From accounting records, enter all grantee costs incurred other than salaries and fringe benefits in COL. (i). The amounts entered in COL. (i) must include all entries, if any, from the patient records distribution in COL. (d).

The entries in COL. (i) should be identical to those in TABLE 6, COL. (c).

b. From accounting records or other documentation of in-kind contributions or donations of materials and services, enter the total value of donated materials and services for each functional cost center in COL. (j).

c. Total each line in COLS. (h), (i) and (j) and enter the totals on the corresponding lines in COL. (k).

d. Transfer the totals on LINE 15 of COLS. (j) and (k) to TABLE 6, LINE 13, COLS. (d) and (e).

TABLE 6 WORKSHEET B: Distribution of Clinic Overhead Costs Across Health Care Cost Centers

APPLICABILITY Grantees must allocate costs, at a minimum, in accordance with the methodology demonstrated on the TABLE 6 Worksheet B to obtain the amounts for COLS. (f) and (g) on TABLE 6. Worksheet B itself does not have to be used, and it should not be submitted.

Those grantees with accounting systems that routinely distribute clinic overhead costs across health care functions using a multiple step-down methodology which is more sophisticated than the one used in the TABLE 6 Worksheet B may complete COLS. (f) and (g) of TABLE 6 with the amounts generated by their allocation methodologies.

The grantee must retain a copy of WORKSHEET B and any other paperwork and records used to do the allocation.

TABLE 6 WORKSHEET B:
DISTRIBUTION OF CLINIC OVERHEAD COSTS ACROSS HEALTH CARE COST CENTERS

NOTE: If this Worksheet is used, it must be retained by the grantee. It should not be submitted with TABLE 6.

FUNCTIONAL COST CENTERS	DISTRIBUTION OF FACILITY COSTS				DISTRIBUTION OF ADMINISTRATION COSTS				Total after Final Distrib. of Clinic Overhead Costs (le + g)		
	Total before Distribution Worksheet A, Col (k)	of Space Used		% of Square Footage	Amount of Facility Distrib. to Functions	Total after Distrib. of Facility Costs (la + d)	Cost Subtotal			Amount of Admin. Distrib. to Functions	Total after Final Distrib. of Clinic Overhead Costs (le + g)
		li	lj				li	lj			
HEALTH CARE FUNCTIONS:											
1) Medical (A)											
2) Laboratory - Medical (B)											
3) X-Ray - Medical (C)											
4) Pharmacy, Medical & Dental (D)											
5) Dental (49 & X-Ray) (E)											
6) Inpatient (F)											
7) Other Health (G)											
8) Community Services (H)											
9) Environmental (I)											
10) Patient Transportation (J)											
11) SUBTOTAL (LINES 1 through 10)								100%			
CLINIC OVERHEAD FUNCTIONS:											
12) Administration (K)											
13) Facility (L)											
14) SUBTOTAL (LINES 12 + 13)											
15) GRAND TOTAL											

CONSISTENCY CHECKS:

- 1. COL. (a) equals TABLE 6, COL. (a)
- 2. COL. (d) equals TABLE 6, COL. (d)
- 3. COL. (h) equals TABLE 6, COL. (h)
- 4. LINE 15, COL. (d), COL. (e), and COL. (h) should all be equal

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

DEFINITIONS

DISTRIBUTION OF FACILITY COSTS, WORKSHEET B COLS. (b), (c) and (d): This section of Worksheet B is designed to assist grantees in the distribution of facility costs to other functional cost centers. The basis for allocation used is the percentage of total square footage used by each cost center applied to the total facility costs.

DISTRIBUTION OF ADMINISTRATION COSTS, WORKSHEET B COLS. (f) and (g): This section of Worksheet B is designed to assist grantees in the allocation of administration costs to the health care functions. The basis of allocation is the percentage of total costs (other than administration) by cost center applied to the total administration costs.

INSTRUCTIONS

GENERAL

1. Dollar amounts should be rounded to the nearest dollar.
2. Round figures to whole numbers as necessary to ensure that the total percentages in COLS. (c) and (f) equal 100 percent.
3. Negative symbols are preprinted on Worksheet B as parentheses where subtractions are necessary.
4. If used, Worksheet B should be retained by the grantee and not submitted with the other tables.
5. Cost allocations must be made from left to right on Worksheet B.

TABLE 6 WORKSHEET B (CONT'D.)

SPECIFIC

1. Transfer the amounts listed on TABLE 6, Worksheet A, COL. (k) to Worksheet B, COL. (a). If Worksheet A is not used, obtain entries for Worksheet B, COL. (a) from the accounting system.
2. Distribution of Facility Costs:
 - a. On Worksheet B, transfer the facility costs from LINE 13, COL. (a) to LINE 13, COL. (d).
 - b. Determine the total square footage used by each functional cost center and enter the amount on the corresponding line of Worksheet B in COL. (b). Total the square footage of COL. (b) and enter the total on LINE 15.

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

- c. Divide the square footage in COL. (b) for each cost center by the total square footage on LINE 15 and enter the percentage on the corresponding line of COL. (c). Round as necessary to insure that the total of percentages listed on LINE 15, COL. (c) is 100 percent.
 - d. Multiply each percentage obtained in COL. (c) by the total facility costs on LINE 13 in COL. (d) and enter the results on the corresponding line of COL. (d).
 - e. Total COL. (d) and check to see that the total equals "0" on LINE 15. Note that LINE 13 is a negative number.
3. For each line add the amounts in COL. (a) to the amounts in COL. (d) and enter the total in COL. (e). Transfer the figures from COL. (e), Lines 6 and 12 onto TABLE 6, COL. (f) in the two functional cost centers which are not shaded, LINES 6 and 11. Figures are not needed on TABLE 6 where boxes are shaded.
4. Distribution of Administration Costs:
- a. On Worksheet B, add the entries on LINES 1 through 10 in COL. (e) to obtain the health care functions subtotal on LINE 11, COL. (e).
 - b. Divide each amount listed in COL. (e) by the subtotal on LINE 11 and enter the percentage obtained on the corresponding line of COL. (f). Round the percentages in COL. (f) as necessary so that the total percentage on LINE 11, COL. (f) equals 100 percent.

TABLE 6 WORKSHEET B (CONT'D.)

- c. Transfer the administration costs from LINE 12, COL. (e) to LINE 12, COL. (g).
 - d. Multiply the percentage on each line of COL. (f) by the total administration cost to be allocated on LINE 12, COL. (g) and enter the result on the corresponding line of COL. (g).
 - e. Total COL. (g) and check to see that the total equals "0" on LINE 15. Note that LINE 12 is a negative number.
5. Total the amounts on each line on TABLE 6 Worksheet B, COLS. (e) and (g), and enter the total by functional cost center in COL. (h).
6. Transfer the amounts from Worksheet B, COL. (h) to TABLE 6, COL. (g).

TABLE 7: Accounts Receivable, Charges and Collections by Source of Funds for this Reporting Period

APPLICABILITY This table applies to the following programs: CH, HC, and MH. BCHS supported grantees which are Federally qualified HMOs should not submit this table.

DEFINITIONS

ACCOUNTS RECEIVABLE: The collectable amount due the grantee at the end of a reporting period from patients and/or third party payors for services rendered. The beginning balance as of January 1 for all reports must equal the previous calendar year's ending balance as of December 31.

FULL CHARGES/FULL PREMIUMS: The gross charges or premiums as established by the grantee for the particular types of services rendered. Full charges and premiums should be calculated on a 100 percent pay basis for all services prior to any adjustments. These amounts should be reasonably related to the cost of operations as shown on TABLE 6. Full charges may be recorded at a cost-based, negotiated visit/encounter rate or capitation rate.

AMOUNT COLLECTED: Cash collected during the reporting period for services, regardless of the period in which those services were provided.

ADJUSTMENTS: Accounting transactions reflecting the differences between the full charges/full premiums generated by the grantee versus the amount actually received (amount collected) and/or the amount expected to be received in the near future (accounts receivable).

Amounts for which another third party or a private individual can be billed are not considered adjustments and should be recorded or reclassified as full charges/full premiums due from the secondary source of payment. These amounts will only be classified as adjustments when all sources of payment have been exhausted and further collection is not anticipated and/or possible.

If an allowance for doubtful accounts is maintained, the corresponding expenses should be recorded as adjustments.

Adjustments are classified by type according to the characteristics of the transactions, as defined below.

1. Disallowances and Reductions (Contractual Allowances: The difference between the grantee's customary charges and the amount allowed by third parties for the billed services.

TABLE 7 (CONT'D.)

REPORT FOR PERIOD (Check One & Complete Date)

JANUARY 198	THROUGH JUNE 198
JANUARY 198	THROUGH DECEMBER 198

☐ Initial Submission ☐ Revision

TABLE 7: ACCOUNTS RECEIVABLE, CHARGES AND COLLECTIONS BY SOURCE OF FUNDS FOR THIS REPORTING PERIOD

SOURCE OF FUNDS	ACCOUNTS RECEIVABLE AT BEGINNING OF THIS PERIOD (a)	FULL CHARGES AND PREMIUMS DURING THIS PERIOD (b)	AMOUNT COLLECTED DURING THIS PERIOD (c)	ADJUSTMENTS (Identify below) (d)	ACCOUNTS RECEIVABLE AT END OF THIS PERIOD (e)
1) Medicare (Title XVIII)					
2) Medicaid (Title XIX)					
3) Title XX					
4) Other Third Parties					
5) Patient Fees/ Premiums					
6) TOTAL LINES 1-5 (2+3+4+5)					

*Charges or premiums prior to adjustments for patients' ability to pay, third party disallowances, etc. If Full Charges/Premiums are based upon a negotiated or contractual arrangement with a third party payor, and are not generally reflective of the costs of operation, footnote and explain below (name of third party, per unit service or capitation reimbursement rate or dollar limit).

Breakdown of Adjustments by Type

DESCRIPTION	AMOUNT
7) Disallowances and Reductions (Contractual Allowances)	\$
8) Sliding Payment Scale Adjustments	\$
9) Bad Debt Write Off	\$
10) Other (Specify)	\$

CONSISTENCY CHECKS:

1. COL (e) should equal COL (a) + COL (b) - COL (c) - COL (d)
2. The amounts entered in COL (a) should equal the amount entered in COL (e) of the TABLE 7 for the preceding calendar year.
3. LINE 6, COL (c) should equal TABLE 8, LINE 18 COL (a).

DEPARTMENT OF PUBLIC HEALTH

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

NOTICE OF PROPOSED AMENDMENTS

2. Sliding Payment Scale Adjustments: Reduction to full (gross) charges, or to the amounts transferred to patient fees/premiums from third party payors, based on the grantee's sliding payment scale derived from the Income Poverty Guidelines. This scale determines a patient's ability to pay according to the patient's family income and size.
3. Bad Debt Write Off: The amount of net charges (gross charges less disallowances, reductions and/or sliding payment scale adjustments) which is not expected to be collected.
4. Other (Specify): Any other type of adjustment, such as recovery of bad debt and policy discounts (e.g., staff discounts, free immunizations). (See General Instruction 2, for use of negative symbols.)

INSTRUCTIONS

GENERAL

1. Amounts should be rounded off to the nearest dollar.
2. Negative symbols (parentheses, brackets or minus signs) will normally not be used since most adjustments tend to decrease charges. However, in cases where the intention is to increase the adjustment amount (i.e., collection in excess of gross charges from third parties, or current period collection of a bad debt previously written off), the net of all adjustments is reported on LINE 6, COL. (d) and the amount of those adjustments which would increase charges is reported separately on LINE 10 as a negative amount.
3. Accounts receivable at the beginning of the reporting period on LINE 6, COL. (a) must equal the accounts receivable on LINE 6, COL. (e) at the end of the previous calendar year. (See consistency check 2.)

SPECIFIC

1. The grantee's BCCR Reporting Number should be entered at the top of the table, the Reporting Period box completed, and an "X" placed in the appropriate Initial Submission/Revision box.

Accounts Receivable at the Beginning of This Period:

1. Enter the amount from TABLE 7, LINE 6, COL. (e) at the end of the previous calendar year on LINE 6 of COL. (a) of the current period TABLE 7.

2. Grantees that have not previously submitted a TABLE 7 for the prior period must calculate the beginning accounts receivable balance from the patient ledger cards and/or General Ledger accounts. The beginning balance should be made as of January 1 or the first day of operation during the calendar year for which this report is being prepared. Enter the beginning balance in COL. (a). Grantees which are beginning operation and have no previous accounts receivable should enter "0" in COL. (a).

Full Charges and Premiums During This Period:

1. Enter the gross amount of charges and premiums for all services rendered during the reporting period, including fee-for-service charges and prepaid premiums in COL. (b).

TABLE 7 (CONT'D.)

2. Grantees which are reimbursed on a cost-based visit or encounter rate and/or a capitation rate by Title XIX or as a Federally Funded Health Center under Title XVIII may use the fiscal intermediary or Health Care Financing Administration negotiated visit/encounter rate or capitation rate as the full charge/premium for the purpose of this table. A clinic certified under the Rural Health Clinic Services Act may record charges in a way consistent with its reimbursement and billing policy, usually as fee-for-service although reimbursement is on a negotiated unit cost or capitation rate basis.
3. The amount entered in COL. (b) must be the result of fee or premium schedules which reasonably reflect the costs of operations.

Amount Collected During This Period:

1. Enter the total dollar amounts received between January 1 and the ending date of the reporting period in COL. (c).

Adjustments:

1. Disallowances and Reductions (Contractual Allowances): If a third party (such as Titles XVIII, XIX or private insurance) reimburses less than the organization's cost or full charge and the grantee cannot bill the patient for the remainder, enter the remainder or reduction under adjustments, LINE 6, COL. (d) and on LINE 7, disallowances and reductions.

Example: The State Title XIX Agency has paid \$20 for an office visit which was billed at a full (gross) charge of \$25.

When the charge was established, the \$25 was reported on LINE 6,

COL. (b) as a full charge.

TABLE 7 (CONT'D.)

After payment has been received, the \$20 payment is recorded on LINE 6, COL. (c).

The \$5 reduction to the charge by Medicaid is recorded on LINE 6, COL. (d) and on LINE 7.

Amounts in excess of the reimbursement amount from a third party payor, but not in excess of the grantee's established charges, should remain as full charges if another third party or private individual can be filled for the difference.

2. Sliding Payment Scale Adjustments: Reductions to patient fees/premiums because of the patient's inability to pay, as determined by the grantee's sliding scale, should be recorded separately on LINE 8, and included in the net payment adjustments, LINE 6, COL. (d).

3. Bad Debt Write Off: Reductions of the net collectible amount after all other adjustments should be recorded on LINE 6, COL. (d) and on LINE 9.

Bad debt write offs may occur due to the grantee's inability to locate persons, the patient's refusal to pay or the patient's inability to pay after the sliding fee scale is applied.

4. Other Adjustments: Any other adjustment should be specified according to type on LINE 10 and included on LINE 6, COL. (d). Care must be exercised in using negative symbols for adjustments. Since COL. (d) normally represents a reduction in accounts receivable, negative symbols should not be used unless the net adjustment is an increase in accounts receivable.

Example: A bad debt was written off during a previous reporting period (past calendar year) and subsequently collected this year. The amount collected on LINE 6, COL. (c) this year includes the amount of the bad debt collection; therefore, a positive adjustment would be necessary to balance the receivable since the bad debt was neither included in the beginning accounts receivable nor in the full charges for the period. A negative symbol should accompany the adjustment to indicate a positive figure or an adjustment opposite that which is normally made.

Accounts Receivable at the End of This Period:

BCR REPORTING NO. _____

REPORT FOR PERIOD (Check One & Complete Date)

January 198 through June 198	_____
July 198 through December 198	_____
January 199 through June 199	_____
July 199 through December 199	_____

☐ Initial Submission ☐ Revision

TABLE 8: SUMMARY OF RECEIPTS AND EXPENDITURES
FOR THIS REPORTING PERIOD

NOTE: This table applies to grantees receipts and expenditures associated with services or activities in the addressee application for SCHS funds, including those associated with delegate agency operations.

Grantees should complete this table as follows:

Annual: The entire table (LINES 1 through 23, COL. a).

First Six Months: Linnies instructed by the Regional Office to report quarterly for the first three quarters: LINES 10, 16, 20 and 21 through 23, COL. (a).

	Summary of Receipts and Expenditures	Actual for Reporting Period
Federal Grants	11. Section 329 (Migrant Health)	(a)
	21. Section 330 (Community Health Center)	
	31. MCH Block Grant	
	41. Title X (Family Planning)	
	51. Section 340 (Primary Care R & D)	
	61. Adolescent Health	
	71. Black Lung Clinic Program	
	81. WIC	
	91. Other (Specify) _____	
	101. SUBTOTAL (LINES 1 through 9)	
Payment for Services	111. Title XVIII (Medicare)	
	121. Title XIX (Medicaid)	
	131. Title XX	
	141. Other Third Parties	
	151. Patient Collections	
	161. SUBTOTAL (LINES 11 through 15)	
	171. State	
	181. Local	
	191. Other (Specify) _____	
	201. SUBTOTAL (LINES 17 through 19)	
Other Sources	211. Capital Expenditures	*****
	221. Non-Capital Expenditures	*****
	231. SUBTOTAL (LINES 21 + 22)	
Expenditures		

*Any form of State assistance through MCH Block.

**Indicate Title X funds received directly from the Federal government or indirectly through a delegate agency type relationship on LINE 4. Indicate other Federal grants received directly or indirectly on LINE 9.

***Only include monies received for administration and operation of the WIC program, not the monies received for food. Do not include monies spent on food on LINE 22.

****Enter NHSC loans on LINE 19.

*****Include all actual expenditures by the grantee and is delegates on LINE 22. Payments made to the Federal government during the reporting period for the cost of NHSC activities are entered on LINE 22.

FREQUENCY OF REPORTING: Semi-annually unless otherwise instructed by the Regional Office. Data are reported on a calendar year-to-date basis from January 1st through the ending month of the reporting period (June 30 or December 31).

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

1. The accounts receivable ending balance should be calculated and recorded on LINE 6, COL. (e), and compared to the total of the patient ledger cards as of June 30 or December 31 to ensure inclusion of all data and verification of the ending balance.

TABLE 7 (CONT'D)

Completion of TABLE 7:

1. Total of adjustments by type (LINES 7, 8, 9 and 10) and ensure that the total agrees with LINE 6, COL. (d).
2. Verify consistency checks:

FREQUENCY: Semi-annually unless otherwise instructed by the Regional Office. Data are reported on a calendar year-to-date basis from January 1 through the ending month of the reporting period (June 30 or December 31).

TABLE 8: Summary of Receipts and Expenditures for This Reporting Period

APPLICABILITY This table applies to the following programs: CH, FP, HC and MH. BCHS supported grantees which are federally qualified HMOs should not submit this table.

Grantees should complete this table as follows:

First Six Months (January through June Reporting Period): LINES 10, 16, 20 and 21 through 23, COL. (a). (This also applies to grantees that have been instructed by the Regional Office to report quarterly for the first three quarters.)

Annual (January through December Reporting Period): The entire table, LINES 1 through 23, COL. (a).

DEFINITIONS

FEDERAL GRANTS:

Section 329 (Migrant Health): Monies received directly from DHHS in the form of a grant under Section 329 of the Public Health Service Act.

Section 330 (Community Health Center): Monies received directly from DHHS in the form of a grant under Section 328 and/or 330 of the Public Health Service Act. These grants include Community Health Center, Rural Health Initiative, Urban Health Initiative, and Hospital-Affiliated Primary Care Center Programs.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

Title V (MCH Block Grants): Monies received directly from DHHS or indirectly as a delegate agency under a block grant under Title V of the Social Security Act for the Maternal and Child Health Program.

Title X (Family Planning): Monies received directly from DHHS in the form of a grant or indirectly through a delegate agency relationship under Title X of the Public Health Service Act.

Section 340 (Primary Care Research and Demonstration): Monies received directly from DHHS in the form of a grant under Section 340 of the Public Health Service Act.

Appalachian Health: Grant monies received through the Appalachian Health Program under Section 202 of the Appalachian Regional Development Act.

TABLE 8 (CONT'D)

Black Lung Clinic Program: Monies received directly from DHHS in the form of a grant under Section 427(a) of the Federal Mine Health and Safety Act.

WIC: Monies received from the applicable State agency for the Administration and operation of Supplemental Food Program for Women, Infants and Children Program activities. Do not include monies received for food.

Other Federal Grants: Any Federal grants or monies received under legislation other than those defined above.

PAYMENT FOR SERVICES:

Medicare (Title XVIII): Monies received on a fee-for-service, per visit, or prepaid basis for services provided under Title XVIII of the Social Security Act either directly from the Bureau of Health Insurance or through a fiscal intermediary.

Medicaid (Title XIX): Monies received on a fee-for-service, per visit, or prepaid basis from the State Agency which administers Title XIX of the Social Security Act or from its fiscal intermediary.

Title XX: Monies received for social services and family planning for children and families eligible under Title XX of the Social Security Act.

Other Third Parties: Monies received on a fee-for-service, per visit, and/or prepaid basis from private insurance firms or groups which have contractual arrangements with the grantee on behalf of their membership. This includes all monies received directly from Blue

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

Cross and Blue Shield and other private insurance; group contracts with unions and employers; CHAMPUS; and employment/social group affiliated contracts.

Patient Collections: Monies received directly from patients and/or their families on a fee-for-service, per visit or prepaid basis.

OTHER SOURCES:

State: Monies received from State governments, other than Title V, Title X or WIC funds. This includes any state portions of revenue sharing.

Local: Monies received from local (regional, county or city) governments, including that government's portion of revenue sharing monies.

Other: Monies received from sources other than those listed previously, including:

TABLE 8 (CONT'D)

1. proceeds from borrowing, regardless of the lender (local, state, federal or private agencies);
2. gifts, cash donations or grants from private foundations, groups or individuals; and
3. proceeds from sale of capital assets.

EXPENDITURES:

Capital Expenditures: Monies expended for the purchase of all fixed assets (based on the grantee's capitalization policy, but must include all items purchased during the period which have a historical unit cost of \$300 or more and a useful life of more than one year).

Non-Capital Expenditures: All monies expended for purposes other than the purchase of capital (fixed) assets, including:

1. salaries, contracts, and all operating expenses paid during the period;
2. all interest, taxes, insurance and principal associated with the retirement of debt paid during the period; and
3. amounts expended for supplies, insurance and non-capital assets, including consumable supplies which were purchased and paid for during the period but which may still be in inventory at the end

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

of the period and insurance premiums paid during the period for a policy which may cover a period extending beyond the end of the reporting period.

INSTRUCTIONS

GENERAL

1. This table applies to all receipts and expenditures associated with the services and activities incorporated in the grantee's approved application for BCHS funding, including those associated with the delegate agency operations. Free-standing NHSC sites will report only those portions of receipts and expenditures associated with the services and activities approved in the NHSC Memorandum of Agreement.
2. Amounts should be rounded to the nearest dollar.
3. Negative symbols (parentheses, brackets, minus signs) should not be used.

TABLE 8 (CONT'D)

4. This is a cash basis table, not an accrual basis table. All monies received during the period and all monies expended during the period must be reported, regardless of the period in which:

- a. the revenues were earned or billed;
- b. the grant(s) was(were) awarded; or
- c. the necessity for the expenditure was incurred.

SPECIFIC

1. The grantee's BCRR Reporting Number should be entered at the top of the table, the Reporting Period box completed, and an "X" placed in the appropriate Initial Submission/Revision box.
2. Record all receipts (i.e., monies drawn down), either direct or indirect, of Federal grant monies by classification on LINES 1 through 8. Do not include monies received for food on LINE 8, WIC Program.
3. Specify any other Federal grant(s) in the space provided and record the total amount received or drawn down from the grant(s) on LINE 9.
4. Total LINES 1 through 9 and enter the sum on LINE 10.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

5. Record all collections made during the period for patient services as classified by source on LINES 11 through 15.
6. Total LINES 11 through 15 and enter the sum on LINE 16.
7. Record all state and local grant monies on LINES 17 and 18, respectively. Do not include Federal grants which were awarded to state and local agencies on LINES 17 and 18. These should be included as indirect receipts of Federal grants through delegate relationships and reported on the appropriate line for Federal grants (LINES 1 through 9).
8. Specify all other sources and record the amounts received during the reporting period from those sources on LINE 19. Use a footnote if insufficient space is available to record the names of the sources and include the total amount on LINE 19. Include loan proceeds in this total.
9. Total Lines 17 through 19 and enter the sum on LINE 20.
10. List the dollar amount expended for the purchase of capital assets on LINE 21. (See definition of capital expenditures on page 117.) This total includes the full purchase price (capitalization amount), including amounts paid directly by a lending institution to the vendor. The difference between the purchase price and the amount financed (borrowed) should equal the amount of any downpayment made directly by the borrower to the vendor. The sum of the payments to the vendor are included in the amount on this line.

TABLE 8 (CONT'D)

11. LINE 12 includes all expenditures made during the reporting period which cannot be classified as capital expenditures. Include payments made to the Federal Government for the cost of NHSC assignees and all operating expenditures which were made during the period. Payments to lenders toward the retirement of the principal, as well as interest, taxes, insurance and escrow amounts which are included in the monthly (or other) payments are included on this line.
12. Total LINES 21 and 22 and enter the sum on LINE 23.

FREQUENCY: Semi-annually unless otherwise instructed by the Regional Office. Data are reported on a calendar year-to-year basis from January 1 through the ending month of the reporting period (June 30 or December 31).

SECTION VII

CALCULATION OF BCHS INDICATORS FOR FUNDING

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

The following indicators calculated from the BCRR are part of the BCHS Funding Criteria and are tracked as part of the Productivity Effectiveness Initiative applicable to ambulatory health care centers supported by BCHS. Performance on these indicators, in addition to other grantee activities and plans described in the grant application, is evaluated by BCHS for funding purposes. These program indicators are also useful to grantees as management tools.

A. Administrative Indicators

1. Provider Productivity²

- a. Onsite Encounters per Staff Personnel Equivalent Physician per Year (excludes psychiatrists):

Standard: Between 4200 and 6000 encounters (see also 1.b)

Formula:

TABLE 3: LINES 1+3, COL. (c)

TABLE 3: LINES 1+3, COLS. (a)+(b)

NOTE: For the reporting period January through June, multiply the formula by 2 in order to annualize the data.

- b. When physician and midlevel practitioner services are coordinated into a team approach, the following combined indicator will be used instead of that in 1.a. above.

Onsite Encounters per Staff Personnel Equivalent Team Member:

Standard: Between 4200 and 6000 encounters³

¹See the publication, Funding Criteria for BCHS, for a more complete discussion of the indicators, their application and the policy on exceptions.

²These indicators include only onsite encounters. They do not include offsite encounters which grantee physicians and midlevel practitioners would be expected to provide; e.g., hospital, nursing home, and school encounters. All offsite encounters are to be reported on the BCRR, and they will be considered by the Regional Office when the performance and productivity of grantees are evaluated.

³Since a midlevel practitioner is calculated as half of a physician in this formula, the standard is the same as that for a physician in 1.a.

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

Formula:

TABLE 3: LINES 1+3+4, COL. (c)

TABLE 3: [LINES 1+3, COLS. (a)+(b)]+0.5 [LINE 4, COLS. (a)+(b)]

NOTE: For the reporting period January through June, multiply the formula by 2 in order to annualize the data.

2. Percent of Ambulatory Costs Attributable to Administration

Standard: No more than 16%.1

Formula:

TABLE 6: LINE 11, COL. (f) X 100

TABLE 6: LINE 13, COL. (g) - LINE 6, COL. (f)

3. Average cost per Medical Encounter (excluding laboratory, x-ray and pharmacy)

Standard: Between \$16 and \$24.

Formula:

TABLE 6: LINE 1, COL. (g)

TABLE 3: LINES 1+2+3+4+5, COLS. (c)+(d)

4. Charges as a Percent of Reimbursable Costs

Standard: At least 90%.

Formula:

TABLE 7: LINE 6, COL. (b) X 100

TABLE 6: LINES 1+2+3+4+5+6, COL. (g)

5. Collections as a Percent of Billings (after adjustments)

Standard: At least 80%.

Formula:

TABLE 7: LINE 6, COL. (c) X 100

TABLE 7: LINE 6, COL. (b) - LINE 7 - LINE 8

1For grantees with total annual operating costs amounting to \$125,000 or

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

less, as shown on TABLE 6, the standard is no more than 26%.

B. Clinical Indicators

Clinical logs and sampled records which have documentation of all required services provided at the appropriate time are the source documents for measuring achievement of the clinical indicators. BCHS requires that all grantees comply with the clinical indicators listed below by the end of the grantee's second year of operational status.

The chart below summarizes the applicability of each reported clinical service to BCHS and BHPDS programs.

Clinical Service	CH*	FP	HC**	MH
Immunization	1	3	1	1
24-27 months old	1	3	1	1
6 years old				
Family Planning Counseling for Adolescents	1	1	1	1
Pap Smear Follow-Up	1,2	1,2	1,2	1,2
Hypertension Follow-up	1	1	1	1
Anemia Screening	1	3	1	1
24-27 months old				

1 - Applicable.

2 - Applicable, may be provided through formal written referral arrangements approved by the Regional Office.

3 - Not applicable.

*Includes BCHS supported grantees which are Federally qualified HMOs.

**Free-standing NHSC sites that provide medical services.

1. Immunizations

Standard: At least 90% of the sampled records in the appropriate age categories (24-27 months, 6 years) have documentation of complete immunization.

Formula (using data from TABLE 5):

NOTICE OF PROPOSED AMENDMENTS

LINE 1, COL. (b) X 100
LINE 1, COL. (a)

LINE 2, COL. (b) X 100
LINE 2, COL. (a)

2. Family Planning Counseling for Adolescents

Standard: At least 90% of the sampled records of adolescent family planning users have documentation of a counseling session prior to, or at the time, any family planning method is adopted.

Formula (using data from TABLE 5):

LINE 3, COL. (b) X 100
LINE 3, COL. (a)

3. Pap Smear Follow-Up

Standard: 100% of the records of women who had Class III, IV or V pap smears have documentation of follow-up treatment by a gynecologist within six weeks of the date the pap smear result was received.

Formula (using data from TABLE 5):

LINE 4, COL. (b) X 100
LINE 4, COL. (a)

4. Hypertension Follow-Up

Standard: At least 80% of the sampled records of patients, age 10 and older, who have been diagnosed as hypertensive, have documentation of adherence to the grantee's treatment plan for hypertension, or the treatment plan developed for the individual patient.¹

¹Compliance for grantees providing only family planning services is based on the following Hypertension Screening criterion. At least 90% of the records sampled of patients, age 10 and older, have documentation of a blood pressure measurement at the most recent medical encounter or within one year of the most recent medical encounter.

Formula (using data from TABLE 5):

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

LINE 5, COL. (b) X 100
LINE 5, COL. (a)

5. Anemia Screening - 24-27 months old

Standard: At least 90% of the sampled records have documentation of a hematocrit or hemoglobin measurement since the time of registration.

Formula (using data from TABLE 5):

LINE 6, COL. (b) X 100
LINE 6, COL. (a)

SECTION VIII

SAMPLING PROCEDURES

THE GENERAL APPROACH TO RANDOM SAMPLING

Random sampling is a way to select a sample so that the results reflect, within a known error range, the results that would be obtained by tabulating all of the data. If sampling is to be used in completing the user tables of the BCRR, a random sampling method must be employed.

The general approach to random sampling is as follows.

- 1) Define exactly what to obtain (for example, the number of female medical users between 5 and 9 years old).
- 2) Identify the data source (for example, patient records, encounter forms, daily logs, etc.).
- 3) Determine the size of the sample (for example, how many patient records will be reviewed).
- 4) Determine the sampling plan (for example, how the pulling of records will occur and which records will be pulled).
- 5) Collect and analyze the data (for example, determine what portion of the sample turned out to be female medical users between 5 and 9 years of age).
- 6) Complete the data cell(s) or entire table (that is, use the results of the sample to estimate what the results would have been if all patient records had been reviewed).

The next section describes an acceptable methodology for completing

TABLES 1, 2-A, and 2-B by random sampling. The methodology requires that a minimum of 200 records be examined in order to yield a sample that provides an acceptably accurate representation of the data being studied. The basic procedure requires that records be pulled in a random fashion until 200 records containing relevant data (for example, a user during the calendar year) are selected.

HOW TO SAMPLE TO COMPLETE TABLE 1

If patient records are filed alphabetically (numerically):

1. Using a random number table, select a set of 200 two digit numbers that have values between "01" and "26." Note that the same number may be included several times in the list.
2. List the numbers selected in Step 1 above and match them to letters in the alphabet. (Not necessary for a numerical records system.)
3. Use the top letter (number) on the list as a guide to which letter section (or number) of the record file from which you pull a sample record.
NOTE: If you are repeating this step, use the first letter (number) not crossed off.
4. Select the first record in the alphabetical section 2. If this section (letter) has appeared before on the list generated in Step 2, then select the first record following the last record pulled from that section.
5. Examine the record to see if there was a medical, dental, and/or family planning encounter during the calendar year.
6. If the record does not indicate an encounter during the year, replace it and pull the next record in the file. Keep a count of the total number of records that had to be pulled in order to get 200 records with relevant encounters.
7. When a record has been pulled which does indicate an encounter (or encounters) during the calendar year, mark the outside with an "I" and set aside.
8. Cross off the letter on the list generated in Step 2 which was used to pull the record. The next letter on the list should then be considered the "top" letter on the list.

If records are filed numerically, select a set of 200 numbers that have values within the range of numbers used by the grantee to identify patient records.

2. With a numerical system, if the record to be pulled is not on file, then pull the next record in the file.

3. It is suggested that some "flag" or "outguide" be placed in the file at the point where this record was taken. This will allow staff to readily determine where to begin the next search in that section (letter) of the file. If the same letter appears again on the pull list generated in Step 3.

9. Repeat Steps 3 through 8 until 200 records with activity during the calendar year have been pulled and set aside.

10. Examine the 200 records and fill out sample copies of TABLES 1, 2-A and/or 2-B noting the appropriate cell(s). One record can be used for completing several tables if applicable.

11. If the total number of active patient records on file at the grantee is known with reasonable accuracy, then proceed with the rest of Step 11; if not, proceed to Step 12.

a. Divide the total number of active patient records by

The total number of records that were pulled (this number will be 200 plus those records pulled which had no activity in the calendar year).

b. Multiply each entry obtained in Step 10 by

The value obtained in Step 11.a.

c. Place the values obtained in Step 11.b. in the final versions of each table to be submitted to BCHS. Do not perform Steps 12-17.

12. Refile the records pulled in Step 7 after all user data have been extracted and recorded.

13. For three different shelves of patient records determine the number of records per foot of shelving space.

a. If records are filed more loosely on one shelf than another, push the loosely filed records together so they are the same as the others.

b. If individual family member records are filed in a family folder, count the number of individual family member records.

14. Calculate the average number of records per foot from the three samples taken in Step 13.

15. Measure the total number of feet of patient records shelving which is

occupied by active patient records. Again, make sure that records which are more loosely filed are pushed together when the shelving is measured.

16. Estimate the total number of active patient records by performing the following computation:

Average number of patient records/foot	X	Total number of feet of active patient record shelving
--	---	--

17. Complete each table by performing the following computations:
- a. Divide the total number of active patient records by
- The total number of records that were pulled (this number will be 200 plus those records pulled which had no activity in the calendar year).
- b. Multiply each entry obtained in Step 10 by
- The value obtained in Step 17.a.
- c. Place the values obtained in Step 17.b. in the final versions of each table to be submitted to BCHS.

SECTION IX

BIBLIOGRAPHY OF RESOURCE MATERIALS

BCHS Publications:

BCHS Guidance for Improving Immunization Levels, 1977

Bureau of Community Health Services Accounting Manual, April, 1980

Clinical Data Collection and Retrieval System for a Small Primary Care Setting, April, 1979

Data Analysis Guide, January, 1982

Family Planning in Primary Care Centers, March, 1980

Funding Criteria for Bureau of Community Health Services Programs, January, 1980

Guidance for the Child Health Initiative, EPSDT, January, 1980

TERM	Page
Accounts Receivable
Adjustments
Administration Costs
Administration Personnel
Adolescent Family Planning Counseling
Ancillary Services Personnel
Anemia Screening
Appalachian Health Program
Bad Debt Write Off
Black Lung Clinic Program
BCHS
BCRR
Capital Expenditures
Certified Nurse-Midwife

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

Guidance for High Blood Pressure Control in Primary Care Settings, Second Edition, 1979-80

Guidance for Immunization, January, 1982

Guidelines and Procedures for Cost Finding, Charge Determination and Developing a Sliding Fee Scale in Ambulatory Health Care Centers, 1982

How to Speak Primary Care, April, 1980

Illustrated Accounting Practice Set for Federally Funded Health Centers, June, 1980

Materials for Internal Quality Assessment, Internal Assessment of Preventive Pediatric Services, Internal Assessment of Prenatal Services, 1978

NHSC Professional Policies Handbook, July, 1980

An Overview of Financial Management in BCHS Funded Projects, March, 1981

Primary Care Effectiveness - An Approach to Clinical Quality Assurance in BCHS Programs and Projects, January, 1982

Problem - Oriented Medical Record System and Medical Record Management Guidance, 1978

DEPARTMENT OF PUBLIC HEALTH

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

NOTICE OF PROPOSED AMENDMENTS

Child Health Associate.
 Clinic Overhead Costs.
 Clinic Overhead Personnel.
 Clinical Nurse Specialist.
 Collections.
 Community Health Center Program.
 Community Service Costs.
 Community Service Personnel.
 Consultant and Contract Service Costs.
 Cost.

Dental Services Encounter.
 Dental Costs.
 Dental Hygienists.
 Dental Providers.
 Dental Services Personnel.
 Dental Support.
 Dental User.
 Dentists.
 Disallowances and Reductions.
 Donated Materials and Services, Value of.

Education/Social Service Encounter.
 Education, Social Service Providers.
 Encounter.
 Environmental Costs.
 Environmental Health Personnel.

INDEX OF TERMS USED (CONT'D)

Page

Term

Facility Costs.
 Facility Personnel.
 Family Planning Encounter.
 Family Planning Encounter with a Medical Provider.
 Family Planning Encounter with an Other Health Provider.

Family Planning Program.
 Family Planning User.
 Female Adolescent Users of Family Planning Services.
 Fringe Benefits Costs.
 Full Charges.
 Full Premiums.
 Functional Cost Centers.
 Funding Indicators.

Grantee.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

Health Care Functional Cost Centers.
 Health Service Site.
 Hospital Inpatient Encounters.
 Housekeeping and Maintenance Costs.
 Housekeeping and Maintenance Personnel.
 Hypertension Follow-Up.
 Immunization.
 Income Poverty Guidelines.
 Indirect Costs.
 Inpatient Costs.
 Laboratory Costs.
 Laboratory Personnel.
 Marketing Costs.
 Marketing Personnel.
 Maternal and Child Health Program.
 Medex.
 Medicaid.
 Medical Costs.
 Medical Encounter.
 Medical Services Personnel.
 Medical Services Provider.
 Medical Support.
 Medical User.

INDEX OF TERMS USED (CONT'D)

Page

Term

Medicare.
 Midlevel Practitioners.
 Midlevel Practitioners Encounter.
 Migrant Health Program.
 Migratory Agricultural Workers and Family Members.
 National Health Service Corps.
 Non-Capital Expenditures.
 Nonproviders.
 Nonstaff.
 Nonstaff Encounter.
 Nurse Encounter.
 Nurse Practitioner.
 Nurses.
 Offsite.

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

Offsite Encounter
Onsite
Onsite Encounter
Oral Therapists
Other Health Costs
Other Health Encounter
Other Health Provider
Other Health Services Personnel
Other Health Support
Other Medical/Surgical Specialists
Pap Smear Follow-Up
Patient Records Costs
Patient Records Personnel
Patient Transportation Costs
Patient Transportation Personnel
Personnel by Functional Cost Center
Pharmacy Costs
Pharmacy Personnel
Physician's Assistant/Associate
Physician Encounter
Poverty Level
Primary Care Physician
Primary Care Research and Demonstration Program

INDEX OF TERMS USED (CONT'D)

Term Page

Provider
Psychiatrists
Records in Compliance
Records Sampled
Salaried Personnel Costs
Sampling
Seasonal Agricultural Workers and Family Members
Section 328
Section 329
Section 330
Section 331
Section 340
Sliding Payment Scale Adjustments
Staff
Staff Personnel Equivalents
Support Services Personnel

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

Third Parties
Title V
Title X
Title XVIII
Title XIX
Title XX
User
WIC
Women Above 150% of Poverty Level
Women Below 150% of Poverty Level
Women's Health Care Specialist
X-Ray Costs
X-Ray Personnel
(Source: Added at 14 Ill. Reg. , effective)

ILLINOIS RACING BOARD

NOTICE OF PROPOSED AMENDMENTS

- 1) The Heading of the Part: Claiming Races
- 2) Code Citation: 11 Ill. Adm. Code 510
- 3) Section Numbers: 510.200
Proposed Action: Amendment
- 4) Statutory Authority: Ill. Rev. Stat. 1987, ch. 8, pars. 37-9(b)
- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking establishes a more specific restriction on claimed horses racing at other tracks. It allows for claimed horses to race at tracks within a certain distance from the track that it was claimed.
- 6) Will this proposed rule replace an emergency rule currently in effect? No.
- 7) Does this rulemaking contain an automatic repeal date? No.
- 8) Does this proposed rule contain an incorporation by reference? No.
- 9) Are there any other proposed amendments pending in this Part? No.
- 10) Statement of Statewide Policy Objectives: No local governments will be required to increase expenditures as a result of this rulemaking.
- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Any interested person may submit written comments concerning this rulemaking to:

Illinois Racing Board
Legal Department
State of Illinois Center
100 West Randolph, Suite 11-100
Chicago, Illinois 60601

The Illinois Racing Board will consider all written comment it receives within 30 days of the date of the publication of this notice.

ILLINOIS RACING BOARD

NOTICE OF PROPOSED AMENDMENTS

- 12) Initial Regulatory Flexibility Analysis:
- A) Date rule was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: May 9, 1990
- B) Types of small businesses affected: No small businesses are affected.
- C) Reporting, bookkeeping or other procedures required for compliance: Not applicable.
- D) Types of professional skills necessary for compliance: Not applicable.

The full text of the Proposed Rulemaking begins on the next page:

ILLINOIS RACING BOARD

NOTICE OF PROPOSED AMENDMENTS

TITLE 11: ALCOHOL, HORSE RACING, AND LOTTERY

SUBTITLE B: HORSE RACING

CHAPTER 1: ILLINOIS RACING BOARD

SUBCHAPTER C: RULES APPLICABLE TO ALL OCCUPATION LICENSEES

PART 510

CLAIMING RACES

Section	
510.10	Definition
510.20	Claiming Eligibility
510.30	Form and Deposit of Claim
510.40	Errors which Invalidate Claim
510.50	Refund of Voided Claim
510.60	Prohibited Action with Respect to Claim
510.70	Horses under Lien
510.80	Affidavit May be Required
510.90	Claimant's Responsibility
510.100	Claimed Horse's Certificate
510.110	Engagements of Claimed Horse
510.120	Protests of a Claim
510.130	Title to a Claimed Horse
510.140	Distribution of the Purse
510.150	Delivery of a Claimed Horse
510.160	Trainer Responsibility for Post-Race Tests
510.170	Excusing Claimed Horse
510.180	Stable Eliminated by Fire or Other Hazard
510.190	Entering Claimed Horse
510.200	Claimed Horse Racing Elsewhere
510.210	Sale of Claimed Horse
510.220	Illinois Rules Govern Claimed Horse
510.230	Extension of Regular Meeting
510.240	Claiming Authorization

AUTHORITY: Implementing and authorized by the Illinois Horse Racing Act of 1975 (Ill. Rev. Stat. 1981, ch.8, par 37-1 et seq.).

SOURCE: Adopted at 5 Ill. Reg. 1686, effective February 16, 1981; amended at 5 Ill. Reg. 8300, effective August 5, 1981; codified at 5 Ill. Reg. 10911; amended at 7 Ill. Reg. 2167, effective February 4, 1983; amended at 7 Ill. Reg. 3197, effective March 14, 1983; amended at 8 Ill. Reg. 14992, effective August 6, 1984; amended at 14 Ill. Reg. _____, effective _____.

ILLINOIS RACING BOARD

NOTICE OF PROPOSED AMENDMENTS

Section 510.200 Claimed Horse Racing Elsewhere

No claimed horse shall race at any other race track which is more than 90 miles from the race track where it was claimed until after the close of the race meeting at which it was claimed, or for 30 days, whichever is shorter, except to fulfill a stakes engagement.

(Source: Amended at 14 Ill. Reg. _____, effective _____.)

ILLINOIS RACING BOARD

ILLINOIS RACING BOARD

NOTICE OF PROPOSED AMENDMENTS

NOTICE OF PROPOSED AMENDMENTS

- 1) The Heading of the Part: Drivers, Trainers, and Agents
- 2) Code Citation: 11 Ill. Adm. Code 1317
- 3) Section Numbers: 1317.70
Proposed Action:
Amendment
- 4) Statutory Authority: 11l. Rev. Stat. 1987, ch. 8, pars. 37-9(b)
- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking establishes greater restrictions on the areas where drivers wearing colors can be present. It eliminates the set amount for fines. This rulemaking also allows the stewards to restrict other areas not mentioned specifically in this rule.
- 6) Will this proposed rule replace an emergency rule currently in effect? No.
- 7) Does this rulemaking contain an automatic repeal date? No.
- 8) Does this proposed rule contain an incorporation by reference? No.
- 9) Are there any other proposed amendments pending in this Part? No.
- 10) Statement of Statewide Policy Objectives: No local governments will be required to increase expenditures as a result of this rulemaking.
- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Any interested person may submit written comments concerning this rulemaking to:

Illinois Racing Board
Legal Department
State of Illinois Center
100 West Randolph, Suite 11-100
Chicago, Illinois 60601

The Illinois Racing Board will consider all written comment it receives within 30 days of the date of the publication of this notice.

12) Initial Regulatory Flexibility Analysis:

- A) Date rule was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: May 9, 1990
- B) Types of small businesses affected: No small businesses are affected.
- C) Reporting, bookkeeping or other procedures required for compliance: Not applicable.
- D) Types of professional skills necessary for compliance: Not applicable.

The full test of the Proposed Rulemaking begins on the next page:

ILLINOIS RACING BOARD

NOTICE OF PROPOSED AMENDMENTS

TITLE 11: ALCOHOL, HORSE RACING, AND LOTTERY
 SUBTITLE B: HORSE RACING
 CHAPTER I: ILLINOIS RACING BOARD
 SUBCHAPTER F: RULES AND REGULATIONS OF HARNESS RACING

PART 1317
 DRIVERS, TRAINERS, AND AGENTS

Section	
1317.10	Proper License
1317.20	Approval of License
1317.30	Driver's Bench
1317.40	Disorderly Conduct
1317.50	Caretakers
1317.60	Colors
1317.70	Restricted Areas for Drivers in Colors
1317.80	Driver Substitutions
1317.90	Driving Violations
1317.100	Color Registration
1317.110	Repeated Violations
1317.120	Accidents
1317.130	Physical Examinations
1317.140	Objections
1317.150	Drivers Meeting
1317.160	Traffic Procedure

AUTHORITY: Implementing and authorized by Section 9(b) of the Illinois Horse Racing Act of 1975 (Ill. Rev. Stat. 1979, ch.8, par. 37-9(b)).

SOURCE: Published in Rules and Regulations of Harness Racing, (original date not cited in publication); amended December 22, 1977, filed December 30, 1977; codified at 5 Ill. Reg. 10943; amended at 10 Ill. Reg. 10144, effective May 27, 1986; amended at 11 Ill. Reg. 14813, effective August 24, 1987; amended at 14 Ill. Reg. _____, effective _____.

Section 1317.70 Restricted Areas for Drivers in Colors

~~Any~~ No driver wearing colors ~~may~~ shall appear at a betting window, grandstand or clubhouse, or at a bar or in a restaurant ~~dispending alcoholic beverages, shall be fined not less than \$100 nor each such offense or any other such place unless permitted by the stewards.~~

(Source: Amended at 14 Ill. Reg. _____, effective _____.)

ILLINOIS RACING BOARD

NOTICE OF PROPOSED AMENDMENTS

- 1) The Heading of the Part: Pari-Mutuels
- 2) Code Citation: 11 Ill. Adm. Code 405
- 3) Section Numbers: 405.190 Proposed Action: Amendment
- 4) Statutory Authority: Ill. Rev. Stat. 1987, ch. 8, pars. 37-9(b)
- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking generalizes the subsection to allow it to be applied to all types of exotic races.
- 6) Will this proposed rule replace an emergency rule currently in effect? No.
- 7) Does this rulemaking contain an automatic repeal date? No.
- 8) Does this proposed rule contain an incorporation by reference? No.
- 9) Are there any other proposed amendments pending in this Part? No.
- 10) Statement of Statewide Policy Objectives: No local governments will be required to increase expenditures as a result of this rulemaking.
- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Any interested person may submit written comments concerning this rulemaking to:

Illinois Racing Board
 Legal Department
 State of Illinois Center
 100 West Randolph, Suite 11-100
 Chicago, Illinois 60601

The Illinois Racing Board will consider all written comment it receives within 30 days of the date of the publication of this notice.

ILLINOIS RACING BOARD

NOTICE OF PROPOSED AMENDMENTS

12) Initial Regulatory Flexibility Analysis:

- A) Date rule was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: May 9, 1990
- B) Types of small businesses affected: No small businesses are affected.
- C) Reporting, bookkeeping or other procedures required for compliance: Not applicable.
- D) Types of professional skills necessary for compliance: Not applicable.

The full test of the Proposed Rulemaking begins on the next page:

ILLINOIS RACING BOARD

NOTICE OF PROPOSED AMENDMENTS

TITLE 11: ALCOHOL, HORSE RACING AND LOTTERY
 SUBTITLE B: HORSE RACING
 CHAPTER I: ILLINOIS RACING BOARD
 SUBCHAPTER b: RULES APPLICABLE TO ORGANIZATION LICENSEES

PART 405
 PARI-MUTUELS

Section	
405.10	State Director of Mutuels
405.20	Duties of State Director of Mutuels
405.30	Mutuels Department Operations
405.40	Mutuel Employees
405.50	Totalizator (Repealed)
405.55	No Wagers After Start
405.60	Odds Board Control (Repealed)
405.70	Odds Board Update (Repealed)
405.80	Records of All Calculations
405.90	Number of Pari-Mutuel Races
405.100	Ticket Window
405.110	Sale of Pari-Mutuel Tickets
405.120	Minimum Ticket Price
405.130	Minimum Pay-Off-Minus Pools-Surcharge
405.140	Payments
405.150	Report Scratches
405.160	Number of Pools
405.170	Multiple of Wagering Pools
405.180	Failure of Starting Gate
405.190	Horses Scratched
405.200	"Official" Sign Final
405.210	Minors Barred
405.220	Lost Tickets
405.230	Mutilated or Altered Tickets
405.240	Information Window

AUTHORITY: Implementing and authorized by Section 9(b) of the Illinois Horse Racing Act of 1975 (Ill. Rev. Stat. 1983, ch.8, par. 37-9(b)).

SOURCE: Adopted at 4 Ill. Reg. 38, effective September 8, 1980; codified at 5 Ill. Reg. 10886; emergency amendment at 8 Ill. Reg. 22142, effective October 31, 1984, for a maximum of 150 days, amended at 11 Ill. Reg. 12375, effective July 18, 1987; amended at 12 Ill. Reg. 206, effective December 23, 1987; amended at 14 Ill. Reg. _____, effective _____.

ILLINOIS RACING BOARD

NOTICE OF PROPOSED AMENDMENTS

Section 405.190 Horses Scratched

- a) For all matters of the Board, a refund at face value, shall be provided in Board rules, a refund at face value, shall be made to all holders of pari-mutuel tickets bearing the numbers of the horses which have been scratched, withdrawn, dismissed or declared non-starters, or have been in a race in which no horse finished. No such refund shall be made if the scratched, withdrawn, dismissed or declared non-starter horse is part of an entry or field.
- b) The provisions applicable to the Daily Double are contained in Rules 88.9 and 88.10 of the Illinois Administrative Code Sections 406.90 and 406.100

(Source: Amended at 14 Ill. Reg. ___, effective ____.)

ILLINOIS RACING BOARD

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: SECURITY AND ADMISSIONS
- 2) Code Citation: 11 Ill. Adm. Code 1325
- 3) Section Numbers: 1325.120 Proposed Action: Amendment
- 4) Statutory Authority: Ill. Rev. Stat. 1988, ch. 8, par. 9
- 5) A complete description of the Subjects and Issues involved: This rulemaking will eliminate the necessity of compiling listings of all tax exempt credentials.
- 6) Will this proposed repealer replace an emergency repealer currently in effect? No.
- 7) Does this rulemaking contain an automatic repeal date? No.
- 8) Does this proposed rule contain an incorporation by reference? No.
- 9) Are there any other proposed amendments pending in this Part? No.
- 10) Statement of Statewide Policy Objectives: Not applicable, no local governmental units will be required to increase expenditures.
- 11) Time, Place, and Manner in which interest parties may comment on this proposed rulemaking: All comments should be submitted in writing to:

Illinois Racing Board
Legal Department
State of Illinois Center
100 West Randolph, Suite 11-100
Chicago, Illinois 60601

The Illinois Racing Board will consider all written comment it receives within 30 days of the publication of this notice in the Illinois Register.

ILLINOIS RACING BOARD

NOTICE OF PROPOSED AMENDMENTS

12) Initial Regulatory Flexibility Analysis:

- A) Date rule was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: May 14, 1990
- B) Types of small businesses affected: None
- C) Reporting, Bookkeeping, or other procedures required for compliance: Not applicable.
- D) Types of professional skills necessary for compliance: Not applicable.

The full text of the proposed amendment begins on the next page:

Section
1325.10
1325.20
1325.30
1325.40
1325.50
1325.60
1325.70
1325.80
1325.90
1325.100
1325.110
1325.120
1325.130
1325.140
1325.150
1325.160
1325.170
1325.180
1325.190
1325.200

Stable Enclosures Fenced
Report of Arrival and Departure of Horses
Stable Area Security.
Policing of Premises
Admission to Parts of Premises
Identification Cards and Badges
Admission Statements
State Admission Tax
Admissions Records
Board Approval of Tickets and Credentials
Credentials and Ticket Specimens
Tax Exempt Credentials
Tax Exempt Credentials Report
Track Responsible for Credentials
Board Access to Records
Turnstiles
Admission to Track
Revocation of Credentials
Inspections and Searches
Investigative Authority

AUTHORITY: Implementing and authorized by Section 9(b) of the Illinois Horse Racing Act of 1975 (Ill. Rev. Stat. 1988, ch. 8, par. 37-9(b)).

SOURCE: Published in Rules and Regulations of Harness Racing, (original date not cited in publication); amended October 25, 1973, filed November 26, 1973; amended March 14, 1975; filed and effective March 27, 1975; amended May 9, 1975, filed May 15, 1975; amended at 4 Ill. Reg. 41, p. 164, effective September 26, 1980; codified at 5 Ill. Reg. 10955; amended at 14 Ill. Reg. _____, effective _____.

Section 1325.120 Tax Exempt Credentials

- a) The racing secretary shall issue tax exempt credentials of admissions only to those persons showing a current license or receipt therefore, and such others as may be authorized by the secretary of the Board.

ILLINOIS RACING BOARD

ILLINOIS RACING BOARD

NOTICE OF PROPOSED AMENDMENTS

NOTICE OF PROPOSED AMENDMENTS

b)

The racing secretary shall compile alphabetical group listings of all tax exempt credentials by classification authorized by the board to be issued showing the following: serial number of license of member from license fee receipt; one complete report must be filed with the board on or before 10 days after opening date of race meeting; and an additional report for the remainder of the meeting must be filed on closing day.

c)

Designated employees and officials of the race track may issue tax exempt credentials for employee admission, subject to requirements, restrictions and limitations as set forth in each respective classification as follows:

- 1) Regular employee's tax exempt admission credentials shall be issued only to persons directly on the operator's payroll, and actively employed during the race meeting.
- 2) Concessionaire tax exempt admission credentials shall be issued only to persons actually on concessionaire payroll and working during the race meeting. Concession tax exempt employee credentials shall be issued only with the use of a large round identification button, provided by the concessionaire, showing the employee's concession number and name. Said button shall be attached to a garment and prominently worn.

d)

Designated employees and officials of the operator and in behalf of the operator, must file requisitions with the secretary of the Board in order to obtain authorization for the issuance of tax exempt tickets or credentials of admission to members of the working press, service employees, officials, and to persons having official business at the track during a race meeting. Said requisition prescribed by the secretary of the Board shall be submitted in duplicate under the signature of the head of the department along with duplicate listing of passes requested, and shall be subject to approval by the secretary of the Board.

e)

The following requirements, restrictions and limitations shall be observed in the issuance of tax exempt admission credentials in the classification as hereinafter set forth.

- 1) Service employee's tax exempt admission credentials shall be issued only to persons actually engaged in providing service at a race meeting for a contractor, service company, public utility or others employed during a race meeting. Request for credentials must be made on purveyor's official stationery under duly authorized signature setting forth name of each such employee, duties and justification for each pass requested.
- 2) Business tax exempt admission credentials may only be issued to persons having official business at the track during racing hours and not classified as service employees. Requests for such credentials must be made on company or agency official stationery under the signature of ranking official, setting forth the name of each person for whom a pass is requested, along with duties and justifications.
- 3) Press tax exempt credentials may only be issued to members of the working press when requested on the publication's official stationery under the signature of the editor or manager. All requests shall be subject to limitations based on circulation.
- 4) Official tax exempt credentials may only be issued to corporate officials and directors of the track, racing officials and to such others which are supported with proper justifications.

(Source: Amended at 14 Ill. Reg. _____, effective _____.)

DEPARTMENT OF REHABILITATION SERVICES
NOTICE OF PROPOSED AMENDMENTS

DEPARTMENT OF REHABILITATION SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Recovery of Misspent Funds

- 2) Code Citation: 89 Ill. Adm. Code 527

- 3) Section Numbers: Proposed Action:

527.10 amendment
527.100 amendment
527.200 repealed
527.300 repealed

- 4) Statutory Authority: Implementing The Illinois Grant Funds Recovery Act (Ill. Rev. Stat. 1987 ch. 127, pars. 2301 et seq.) and authorized by Section 3(k) of "AN ACT in relation to rehabilitation of persons with one or more disabilities" (Ill. Rev. Stat. 1988 Supp., ch. 23, par. 3434(k)).

- 5) A Complete Description of the Subjects and Issues involved: Sections 527.10 and 527.100 are being amended to reflect revisions in DORS' policies concerning misspent funds. Section 527.200 and 527.300 are being repealed.

- 6) Will this proposed rule replace an emergency rule currently in effect? No

- 7) Does this rulemaking contain an automatic repeal date?
Yes X No

- 8) Does this proposed amendment contain incorporations by reference? No

- 9) Are there any other amendments pending on this Part? No

Section Numbers Proposed Action Illinois Register Citation

- 10) Statement of Statewide Policy Objectives (if applicable):
Not Applicable

- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning these rules within 45 days after this issue of the Illinois Register. All requests and comments should be submitted in writing to:

Ms. Janice Lobb
Regulations and Training Division
Department of Rehabilitation Services
P.O. Box 19429
Springfield, Illinois 62794-9429

Telephone number: (217) 785-3896
T.D.D.: (217) 782-5734

If because of physical disability you are unable to put comments into writing, you may make them orally to the person listed above.

- 12) Initial Regulatory Flexibility Analysis: The Department has determined that this rulemaking will not affect small businesses.

The full text of the Proposed Rule(s) begins on the next page:

DEPARTMENT OF REHABILITATION SERVICES

DEPARTMENT OF REHABILITATION SERVICES

NOTICE OF PROPOSED AMENDMENTS

NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES

CHAPTER IV: DEPARTMENT OF REHABILITATION SERVICES

SUBCHAPTER a: GENERAL PROGRAM PROVISIONS

PART 527

RECOVERY OF MISSPENT FUNDS

Section

- 527.10 General Statement of Purpose and Applicability
 527.100 Initial Collection Activity
 527.200 Informal Hearing (Repealed)
 527.300 Formal Hearing (Repealed)

AUTHORITY: Implementing The Illinois Grant Funds Recovery Act (Ill. Rev. Stat. 1987, ch. 127, pars. 2301 et seq.) and authorized by Section 3(k) of "AN ACT in relation to rehabilitation of persons with one or more disabilities" (Ill. Rev. Stat. 1988 Supp., ch. 23, par. 3434(k)).

SOURCE: Adopted at 10 Ill. Reg. 3840, effective February 7, 1986; amended at Ill. Reg. _____, effective _____.

Section 527.10 General Statement of Purpose and Applicability

Funds which are granted or authorized by the Department of Rehabilitation Services (DORS) to individuals or organizations for specific purposes and later found to have been spent for other purposes ~~other than those specified, or funds authorized by DORS through contractual arrangements and later found to be misspent, require collection efforts as set forth in this Part~~ by the Department DORS to collect those funds.

Section 527.100

Initial Collection Activity

- a) The DORS employee who is responsible for authorizing payments to the recipient of funds must monitor all such payments for proper expenditure. Upon discovering that such funds are being used for purposes other than those specified by the grant or contract entered into by the recipient, this employee must notify DORS Central Office. The investigator in Central Office will make a determination as to whether funds have been misspent or fraud has occurred based on the data provided by the employee. ~~initiate the first action toward collection of the allegedly misspent funds by discussing the problem with the recipient and attempting to get the recipient to pay DORS back.~~

- 1) If it is determined that funds were not misspent, the employee will be instructed not to take any further actions.
- 2) If it is determined fraud may have occurred, the matter will be referred to the Illinois Department of State Police for disposition.
- 3) If it is determined that funds were misspent, the recipient of the funds will be requested to sign an Agreement for Repayment of Funds (IL488-1642) (Agreement).

- b) If the recipient of the funds agrees to pay back the misspent monies, the employee Agreement will ~~write a letter to the recipient, verifying the amount of money to be paid back, the schedule of payments agreed to by the employee and the recipient, and to whom the amount is payable. A copy of this letter Agreement will be sent to the Accounting Unit DORS Fiscal Division, Springfield. The Department DORS will agree to allow the recipient to pay back the funds in allotments over a reasonable period of time based on the amount of the funds and the ability of the recipient to repay. As an alternative to direct repayment of funds, the Department DORS will agree to allow the amount of repayment to be offset against existing or future grants upon the request of the recipient. If a payment is not received within 10 working days of the due date, the Fiscal Division will send a letter to the recipient stating that payment has not been received and that collection proceedings will be taken to collect the entire remaining balance.~~

- c) If no agreement is reached between the employee and the grantee recipient, the employee must prepare a memorandum to his/her supervisor (or other DORS staff with supervisory responsibility for a particular grant or contract) containing providing information on what attempts have been made to date to collect the funds.

- 1+) the name and address of the recipient and other identifying information (e.g., Social Security number, case number, or Federal Employer Identification Number).

- 2+) authorization numbers under which the funds were paid, and the period or periods of time for which the authorizations were made.

DEPARTMENT OF REHABILITATION SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 3) the amount of money to be collected;
- 4) complete documentation as to how the amount to be collected was calculated;
- 5) a description of the services in question;
- 6) the basis on which the determination that funds have been or are allegedly being misspent was made including documentation of all circumstances involved; and
- 7) information on what attempts have been made, to date, to collect the funds.

d) If the employee's supervisor determines from the contents of the information provided by the employee that monies appear to have been misspent, but not in a fraudulent or illegal manner, the supervisor will prepare a letter to the recipient with a copy to the next person in the line of authority, e.g., Regional Administrator or unit supervisor who will act as the informal hearings officer to notify him/her that actions to collect the funds will proceed.

e) This letter from the employee's supervisor to the recipient shall be sent by certified mail with receipt requested and will include a copy of DORS rules, 89 Ill. Adm. Code 510, as well as:

1) A summary of the information contained in the original memorandum report provided per subsection (a) of this Section (including the identification of the allegedly misspent money, the amount of money which was allegedly misspent, the basis on which this amount was determined, and the basis on which it was determined that the money was allegedly misspent);

2) A statement that the supervisor has reviewed the facts in question and DORS Central Office has determined that the collection of these funds is appropriate;

3) Notice that the Department DORS will initiate collection activities for the allegedly misspent money unless the recipient requests a hearing in writing per 89 Ill. Adm. Code 510, or signs an

DEPARTMENT OF REHABILITATION SERVICES

NOTICE OF PROPOSED AMENDMENTS

Agreement; within four weeks of receipt of this letter that an informal hearing be held to appeal this decision;

- B) a statement that the recipient is entitled to legal representation at the informal hearing; and
- 4) A statement that this request for an informal hearing must be made to the individual's supervisor informal Hearing Officer (including that person's name and address).

f) If the recipient does not request the informal hearing within timeframes set out in 89 Ill. Adm. Code 510 four weeks, the Hearing Officer supervisor will notify the Accounting Unit Fiscal Division in Central Office to begin collection procedures.

g) If after review of the information contained within the memorandum, the supervisor believes that the money in question had been appropriately spent, the supervisor will prepare and send a letter to the client to that effect under his/her signature.

(Source: Amended Ill. Reg. effective)

Section 527.200 Informal Hearing (Repealed)

If the recipient does request an informal hearing, the informal Hearing Officer or designee and the recipient must establish a mutually agreeable time and place for the hearing. The informal hearing must take place within three weeks from the Hearing Officer's receipt of the request. A 2 week extension will be granted if a mutually agreed upon time cannot be found within the first 3 weeks. The Department will initiate collection proceedings if no meeting is held within this time frame. The informal hearing consists of the Department and the recipient presenting evidence (including witnesses) before the Hearing Officer who will attempt to facilitate an agreement between both parties.

- a) If agreement is reached by the Department and the recipient that the collection of funds is appropriate, a letter must be sent by the Hearing Officer to the recipient verifying the agreement. A copy of this letter must be sent to the Accounting Unit, Springfield for the commencement of collection procedures.

DEPARTMENT OF REHABILITATION SERVICES

NOTICE OF PROPOSED AMENDMENTS

b) If agreement is not reached within two weeks after the informal hearing, the Hearing Officer or designee will send to the recipient by certified mail with return receipt requested a letter stating:

- 1) a summary of the informal hearing findings and determination;
- 2) if the recipient is still dissatisfied with the determination, the recipient may make a written request for a formal hearing to the Director of the Department (including the Director's name and address) and be represented by legal counsel; and
- 3) if the Director receives no such request within 35 calendar days from the recipient's receipt of this letter, the Accounting Unit in Central Office will be notified by the Director's Office to commence collection activities.

(Source: Repealed at Ill. Reg. _____,
effective _____)

Section 527.300 Formal Hearing (Repealed)

a) Within five working days from receipt of a request for a formal hearing, the Director shall send the recipient a letter acknowledging receipt of the formal hearing request and offering three separate dates on which to convene the formal hearing. The letter shall also indicate the location of the hearing, the name, address and phone number of the Department's Hearing Coordinator, to whom all subsequent communications should be addressed, and that the recipient must respond to this letter within two weeks. The Accounting Unit will be notified by the Hearing Coordinator if a request for a formal hearing is made. If no response is received within the specified time, the Accounting Unit will be notified via written memorandum by the Hearing Coordinator to initiate collection proceedings.

b) The formal hearing shall be presided over by an impartial Formal Hearing Officer appointed by the Director.

DEPARTMENT OF REHABILITATION SERVICES

NOTICE OF PROPOSED AMENDMENTS

1) The formal hearing shall consist of testimony and cross-examination by the Department and the recipient and presentation of evidence by both the Department and the recipient. Technical rules of evidence shall apply as in Ill. Rev. Stat. 1987, ch. 127, pars. 1010 and 1012. Objections to evidence may be made and shall be noted in the record.

2) A record of the formal hearing shall be made as prescribed in Ill. Rev. Stat. 1983, ch. 127, par. 1012.

e) Within four weeks after the formal hearing, the hearing officer will make a written recommendation to the Director, including the findings of the formal hearing and the basis for the recommendation. Within two weeks from receipt of the recommendation, the Director shall make a final decision for or against the collection of the funds and shall send written notice of the decision to the recipient by certified mail with receipt requested. This notice shall also state that the recipient may appeal the Department's final decision by seeking judicial review pursuant to the provisions of the Administrative Review Law (Ill. Rev. Stat. 1987, ch. 110, par. 301-1 et seq.). A copy of this notice shall be sent to the Accounting Unit.

d) No action by the Accounting Unit will be taken to collect monies until 35 calendar days after the Director's decision has been sent to the recipient. If no request for a judicial hearing is made by the recipient within the 35 days, the Accounting Unit will begin collection procedures.

(Source: Repealed at Ill. Reg. _____,
effective _____)

DEPARTMENT OF REHABILITATION SERVICES
NOTICE OF PROPOSED AMENDMENT

DEPARTMENT OF REHABILITATION SERVICES

NOTICE OF PROPOSED AMENDMENT

Telephone number: (217) 785-3896
T.D.D.: (217) 782-5734

If because of physical disability you are unable to put comments into writing, you may make them orally to the person listed above.

- 12) Initial Regulatory Flexibility Analysis: The Department has determined that this rulemaking will not affect small businesses.

The full text of the Proposed Rule(s) begins on the next page:

- 1) Heading of the Part: Service Plan Development
- 2) Code Citation: 89 Ill. Adm. Code 700
- 3) Section Numbers: Proposed Action:
700.200 amendment
- 4) Statutory Authority: Implementing and authorized by Section 3(g) and 3(1) of "AN ACT in relation to rehabilitation of persons with one or more disabilities" (Ill. Rev. Stat. 1987 and 1988 Supp., ch. 23, pars. 3434(g) and 3434(1) as amended by P.A. 86-65, effective July 1, 1989 and P.A. 86-908, effective January 1, 1990).
- 5) A Complete Description of the Subjects and Issues involved: Personal Assistant wages are being increased to reflect the increase in the federal minimum wage.
- 6) Will this proposed rule replace an emergency rule currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date?
Yes ☒ No ☐
- 8) Does this proposed amendment contain incorporations by reference? No
- 9) Are there any other amendments pending on this Part? No
- Section Numbers Proposed Action Illinois Register Citation
- 10) Statement of Statewide Policy Objectives (if applicable):
Not Applicable
- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning these rules within 45 days after this issue of the Illinois Register. All requests and comments should be submitted in writing to:

Ms. Janice Lobb
Regulations and Training Division
Department of Rehabilitation Services
P.O. Box 19429
Springfield, Illinois 62794-9429

DEPARTMENT OF REHABILITATION SERVICES

DEPARTMENT OF REHABILITATION SERVICES

NOTICE OF PROPOSED AMENDMENT

NOTICE OF PROPOSED AMENDMENT

TITLE 89: SOCIAL SERVICES

CHAPTER IV: DEPARTMENT OF REHABILITATION SERVICES

SUBCHAPTER d: HOME SERVICES PROGRAM

PART 700

SERVICE PLAN DEVELOPMENT

Section

700.100 Service Plan Development

700.150 Securing a Service Provider

700.200 Rates of Payment, Types and Skill Levels of Service Providers

700.300 Selection of Appropriate Type of Service

700.400 Service Provision as Affected by Available Resources

700.500 Service Provision by Family Members

700.600 Service to School Age Children

APPENDIX A Guidelines for Service Tasks

AUTHORITY: Implementing and authorized by Section 3(g) and 3 (1) of "AN ACT in relation to rehabilitation of persons with one or more disabilities" (Ill. Rev. Stat. 1987 and 1988 Supp., ch. 23, pars. 3434(g) and 3434(1) as amended by P.A. 86-65, effective July 1, 1989 and P. A. 86-908, effective January 1, 1990).

SOURCE: Adopted and codified at 7 Ill. Reg. 8930, effective July 18, 1983; amended at 11 Ill. Reg. 5315, effective March 16, 1987; amended at 11 Ill. Reg. 11823, effective July 1, 1987; amended at 13 Ill. Reg. 3101, effective February 26, 1989; emergency amendment at 13 Ill. Reg. 13684, effective August 14, 1989, for a maximum of 150 days; emergency expired January 11, 1990; amended 14 Ill. Reg. 4900, effective March 16, 1990; amended at 14 Ill. Reg. _____, effective _____.

Section 700.200 Rates of Payment, Types and Skill Levels of Service Providers

- a) Personal Assistant services are to be provided by individuals (rather than by agencies) who are selected, hired, trained, supervised and dismissed by the client or other responsible person. Personal Assistants do not necessarily have formal training. DORS will pay no more than \$3.68 3.80 per hour for such services.
- b) DORS shall pay new Personal Assistants, who began services on or before the 15th of a month, twice in the first month of service only. A new Personal Assistant is an individual serving a particular client for the first time. The Personal Assistant shall submit two

Authorization of Services (IL488-1844) forms for payment for the first month of service; one for the first day service is provided through the 15th of the month; the other from the 16th of the month to the end of the month. Thereafter the Personal Assistant shall submit an Authorization of Services for payment once a month for all services rendered during that month.

- c) Homemaker services may be provided only by employees of Homemaker agencies with whom DORS has a contract and are paid at no more than the maximum rate established for each agency as described for non-institutional rates in 89 Ill. Adm. Code 356. These individuals are trained and professionally supervised.

d) Maintenance Home Health Services

- 1) Maintenance Home Health services may be provided only by personnel who are specially licensed or certified by the Illinois Departments of Professional Regulation or Public Health, as applicable, including nurses, therapists and home health aides. This service will be purchased through Medicare/Medicaid approved Home Health agencies, if available, at no more than the approved Medicare/Medicaid rates set for each agency by the Department of Public Aid.

- 2) Maintenance Home Health services may be provided by individuals who are not Medicaid approved providers (see 42 CFR 440.70, October, 1982) unless the client is eligible for available Medicaid paid Home Health service. However, DORS will first attempt to secure Home Health Service providers which are Medicaid approved. An individual provider must be able to provide the local office staff with a certification from a training program recognized by the certifying State of Illinois Department or with a license, as appropriate to the type of Home Health Service provider needed. The individual provider is then paid at no more than the prevailing local rate as determined by the local Home Health agency or hospital. If the individual provider cannot demonstrate that a recognized training program has been completed to qualify the individual provider to be a Home Health provider, the individual provider may not provide Maintenance Home Health

DEPARTMENT OF REHABILITATION SERVICES

NOTICE OF PROPOSED AMENDMENT

services. Individual Home Health providers will only be used when agency Home Health services are not available and/or when an individual provider is less costly than an agency provider.

- e) Home delivered meals are generally provided by volunteers working through agencies such as the Red Cross or local hospitals. Prevailing local rates are to be paid insofar as the home delivered meals service agency provides the service needed by the client at a cost which is less than that which would otherwise be paid to a Personal Assistant or another home delivered meals service agency to perform the same service.

- f) Electronic Home Response Services are provided through hospitals or through community service agencies and utilize some form of electrical or electronic alerting device which is monitored by the agency providing this service. Emergency health care professionals then respond if signaled by the client. Prevailing local rates are to be paid insofar as the electronic home response service agency provides the service needed by the client at a cost which is less than that which would otherwise be paid for Personal Assistant Service or for other electronic home response services. When it is cost effective to do so, this service may instead be provided through the use of burglar or fire alarms which have a communication link with local fire or police stations or into private concerns operating this type of system; also paid at prevailing rates as above.

- g) Respite Services

- 1) Respite Services shall be provided by Personal Assistants, Homemakers, or Maintenance Home Health services, based on the client's need (as established by the Determination of Need in 89 Ill. Adm. Code 685 and in accordance with Section 700.300(f)).

- 2) Respite Services are paid at the same rate as regular services. There is no cost share for Respite Services regardless of family or individual income.

DEPARTMENT OF REHABILITATION SERVICES

NOTICE OF PROPOSED AMENDMENT

- 3) Respite Services may be used in weekly increments but for a total of no more than 240 hours per fiscal year, provided it does not exceed the service cost maximum (89 Ill. Adm. Code 685) for the client.

(Source: Amended at 14 Ill. Reg. _____,
effective _____)

SECRETARY OF STATE
NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Cancellation, Revocation or Suspension of Licenses or Permits

2) Code Citation: 92 Ill. Adm. Code 1040

3) Section Numbers: Proposed Action
1040.32 Amendment

4) Statutory Authority: Section 2-104(b) of the Illinois Vehicle Title and Registration Law of the Illinois Vehicle Code (Ill. Rev. Stat. 1987, ch. 95 1/2, par. 2-104(b)) and Section 6-100 et seq. of the Illinois Driver Licensing Law of the Illinois Vehicle Code (Ill. Rev. Stat. 1987, ch. 95 1/2, par. 6-100 et seq.)

5) A Complete Description of the Subjects and Issues Involved: This proposed rulemaking amends per House Bill 516 (P.A. #86-503), the offenses and action to be taken for using a driver's license or identification card fraudulently.

6) Will this proposed rulemaking replace an emergency rule currently in effect? No.

7) Does this rulemaking contain an automatic repeal date? No.

8) Does this proposed rulemaking contain incorporations by reference? No, this amendment does not contain incorporations by reference.

9) Are there any other amendments pending on this part? Yes.

Section Number	Proposed Action	Illinois Register Citation
1040.46	Amendment	14 Ill. Reg. 5488 (April 13, 1989)

10) Statement of Statewide Policy Objective: This rulemaking will have no effect on local units of government.

11) Time, place and Manner in which interested persons may comment on this proposed rulemaking: The Secretary of State will fully consider all comments received within 45 days of the date this notice is published. All comments must be in writing and should be sent to:

Nancy S. Short
Assistant Counsel to the Secretary
2701 S. Dirksen Parkway
Springfield, IL 62723
217/782-5356

12) Initial Regulatory Flexibility Analysis: After careful consideration, the Secretary of State does not feel this proposed rulemaking will affect any types of small businesses and the proposed rule has not been submitted to the Small Business Office of the Department of Commerce and Community Affairs.

The full text of the proposed rule begins on the next page.

SECRETARY OF STATE

NOTICE OF PROPOSED AMENDMENTS

TITLE 92: TRANSPORTATION
CHAPTER II: SECRETARY OF STATE

PART 1040

CANCELLATION, REVOCATION OR SUSPENSION OF LICENSES OR PERMITS

- Section
- 1040.10 Court to Forward Licenses and Reports of Convictions
- 1040.20 Illinois Traffic Offense Table
- 1040.25 Suspension or Revocation for Driving Without a Valid Driver's License
- 1040.30 3 or More Traffic Offenses Committed Within 12 Months
- 1040.31 Operating a Motor Vehicle During a Period of Suspension or Revocation
- 1040.32 Suspension or Revocation of Driver's Licenses, ϕ t Permits or Identification Cards Used Fraudulently
- 1040.35 Commission of an Offense Requiring Mandatory Revocation Upon Conviction
- 1040.38 Commission of a Traffic Offense in Another State
- 1040.40 Repeated Convictions or Collisions
- 1040.41 Suspension of Licenses for Curfew Violations
- 1040.42 Fleeing and Eluding
- 1040.43 Illegal Transportation
- 1040.46 Fatal Accident and Personal Injury Suspension
- 1040.48 Vehicle Emissions Suspensions
- 1040.50 Suspension or Revocation of a License of Commercial Vehicle Driver
- 1040.55 Suspension or Revocation for Driver's License Classification Violations
- 1040.60 Release of Information Regarding a Disposition of Court Supervision
- 1040.65 Offenses Occurring on Military Bases
- 1040.66 Invalidation of a Restricted Driving Permit
- 1040.70 National Driver Register
- 1040.80 Cancellation of Driver's License Upon Issuance of a Handicapped Identification Card
- 1040.100 Rescissions
- 1040.101 Reinstatement Fees

AUTHORITY: Implementing Articles II and VII of the Illinois Driver Licensing Law of the Illinois Vehicle Code (Ill. Rev. Stat. 1987, ch. 95 1/2, pars. 6-201 et seq. and 6-700 et seq.) and authorized by Section 2-104(b) of The Illinois Vehicle Title and Registration Law of the Illinois Vehicle Code (Ill. Rev. Stat. 1987, ch. 95 1/2, par. 2-104(b)).

SOURCE: Filed September 22, 1972; amended at 3 Ill. Reg. 36, p. 282 effective June 30, 1979; amended at 5 Ill. Reg. 3533, effective April 1, 1981; amended at 6 Ill. Reg. 4239, effective April 2, 1982; codified at 6 Ill. Reg. 12674; amended at 8 Ill. Reg. 2200, effective February 1, 1984; amended at 8 Ill. Reg.

SECRETARY OF STATE

NOTICE OF PROPOSED AMENDMENTS

3783, effective March 13, 1984; amended at 8 Ill. Reg. 18925, effective September 25, 1984; amended at 8 Ill. Reg. 23385, effective November 21, 1984; amended at 10 Ill. Reg. 15265, effective September 4, 1986; amended at 11 Ill. Reg. 16927, effective October 1, 1987; amended at 11 Ill. Reg. 20657, effective December 8, 1987; amended at 12 Ill. Reg. 2148, effective January 11, 1988; amended at 12 Ill. Reg. 14351, effective September 1, 1988; amended at 12 Ill. Reg. 15625, effective September 15, 1988; amended at 12 Ill. Reg. 16153, effective September 15, 1988; amended at 12 Ill. Reg. 16906, effective October 1, 1988; amended at 13 Ill. Reg. 1593, effective January 23, 1989; amended at 13 Ill. Reg. 5162, effective April 1, 1989; amended at 13 Ill. Reg. 7802, effective May 15, 1989; amended at 13 Ill. Reg. 8659, effective June 2, 1989; amended at 13 Ill. Reg. 17087, effective October 16, 1989; amended at 13 Ill. Reg. 20127, effective December 8, 1989; amended at 14 Ill. Reg. 2944, effective February 7, 1990; amended at 14 Ill. Reg. 5178, effective April 1, 1990; amended at 14 Ill. Reg. 5560, effective April 13, 1990; amended at 14 Ill. Reg. _____, effective _____.

Section 1040.32 Suspension or Revocation of Driver's Licenses, ϕ t Permits or Identification Cards Used Fraudulently

- a) For purposes of this Section, the following definitions shall apply:

"Amnesty" - A sovereign act of forgiveness for past acts granted by a government to all persons (or to certain persons) generally conditioned upon their return to obedience and duty within a prescribed time as recognized by the Immigration Reform and Control Act of 1986. (P.L. 99-603.)

"Department" - Driver Services Department within the Office of the Secretary of State.

"Driver's License or Permit" - document which permits a person to legally operate a motor vehicle. Includes a restricted driving permit, a judicial driving permit, instruction permit, a traffic ticket issued where the person's driver's license is deposited in lieu of bail, a suspension notice in which the suspension is not yet effective, a duplicate or corrected driver's license, a temporary instruction permit, a temporary driver's license, or a probationary driver's license.

"False Information" - any information concerning the name, sex, date of birth, social security number or any photograph that falsifies all or in part the actual identity of the individual issued the driver's license, permit or identification card.

"Fictitious Driver's License or Permit" - any issued driver's license or permit for which a computerized number and file have been created by the Secretary of State or other official driver's license agency in another jurisdiction which contains false information concerning the identity of the individual issued the driver's license or permit.

NOTICE OF PROPOSED AMENDMENTS

"Fraudulent Driver's License or Permit" - Wrongfully falsified any driver's license or permit which purports to be an official driver's license or permit for which a computerized number and file have not been created by the Secretary of State or other official driver's license agency in another jurisdiction.

"Fraudulent Identification Card" - any identification card which purports to be an official Illinois Identification Card or Illinois Disabled Person Identification Card for which a computerized number and file have not been created by the Secretary of State. For the purpose of this paragraph, any identification card which resembles an official Illinois Identification Card or Illinois Disabled Person Identification Card in either size or color or photograph location or design or uses the word "official", or "state", or "Illinois", individually or in any combination thereof to describe or modify the term "identification card" or "I.D. card" anywhere on the card, or uses a map of Illinois on the photograph side of the card, is deemed to be an identification card which purports to be an official Illinois Identification Card or Illinois Disabled Person Identification Card.

"Identification Card" - a standard Illinois Identification Card or Disabled Person Identification Card issued by the Secretary of State in accordance with Section 4 of the Illinois Identification Card Act. (Ill. Rev. Stat. 1987, ch. 124, par. 24.)

"Revocation" - the termination by formal action of the Secretary of a person's driver's license or privilege to operate a motor vehicle on the public highways, which termination shall not be subject to renewal or restoration except that an application for a new driver's license may be presented and acted upon by the Secretary after the expiration of at least one year after the date of revocation as defined in Section 1-176 of the Illinois Vehicle Code. (Ill. Rev. Stat. 1987, ch. 95 1/2, par. 1-176.)

"Suspension" - the temporary withdrawal by formal action of the Secretary of a person's driver's license or privilege to operate a motor vehicle on the public highways, for a period specifically designated by the Secretary as defined in Section 1-204 of the Illinois Vehicle Code. (Ill. Rev. Stat. 1987, ch. 95 1/2, par. 1-204.)

"Unlawfully Altered Driver's License, Permit or Identification Card" - any issued driver's license, permit or identification card for which a computerized number and file have been created by the Secretary of State or other official driver's license agency in another jurisdiction which has been physically altered or changed in such a manner that false information appears upon the driver's license or permit.

NOTICE OF PROPOSED AMENDMENT(S)

b) If an individual uses or attempts to use a fraudulent identification card, driver's license or permit, as set forth in subsections (c)(2), (3) and (6) below, the Department shall suspend the driving privileges of such individual for twelve (12) months. If an individual assists in the fraudulent application for or use of an identification card, in the fraudulent application for or use of an identification card, driver's license or permit as set forth in subsections (c)(1), (4), (5), (7) and (8) below, the Department shall suspend the driving privileges of such individual for twelve (12) months. For a second or subsequent incident, the Department shall revoke the individual's driving privileges. If the individual's driving privileges are already revoked, another revocation will be entered. Such suspensions or revocations shall be entered using one of the following statutory authorities: Sections 6-206(a)(5), (9), (10), (12), (14), (25), (26) of the Illinois Driver Licensing Law of the Illinois Vehicle Code (Ill. Rev. Stat. 1987, ch. 95 1/2, par. 6-206(a)(5), (9), (10), (12), (14), (25), (26) of (27)).

b) The Secretary of State has discretionary authority to suspend or revoke the driving privileges of any person upon receipt of evidence that such person has committed one or more of the following offenses listed in Section 6-206 of the Illinois Driver Licensing Law of the Illinois Vehicle Code. (Ill. Rev. Stat. 1987, ch. 95 1/2, par. 6-206.)

- 1) If such person has permitted an unlawful use of driver's license, identification card, or permit by allowing another person to use said license, identification card or permit, the Department shall take the following action pursuant to Ill. Rev. Stat. 1987, ch. 95 1/2, par. 6-206(a)(5):

ACTION TABLE

1st offense	12-month Suspension
1st offense (with pending or effective Revocation)	Revocation
2nd or subsequent offense	Revocation; or
If such person has made a false statement or made any false affidavit or has knowingly concealed or affirmed falsely to a material fact or used false information or identification in an application for a license, identification card or permit, the Department shall take the following action pursuant to Ill. Rev. Stat. 1987, ch. 95 1/2, par. 6-206(a)(9):	

ACTION TABLE

1st offense	12-month Suspension
-------------	---------------------

NOTICE OF PROPOSED AMENDMENT(S)

1st offense (with pending
or effective Revocation)

Revocation

2nd or subsequent offense

Revocation; or

- 3) If such person has displayed or attempted to fraudulently use any driver's license, identification card, or permit not issued to such person, the Department shall take the following action pursuant to Ill. Rev. Stat. 1987, ch. 95 1/2, par. 6-206(a)(10):

ACTION TABLE

1st offense

12-month Suspension

1st offense (with pending
or effective Revocation)

Revocation

2nd or subsequent offense

Revocation; or

- 4) If such person has submitted to any portion of the application process for another person or has obtained the services of another person to submit to any portion of the application process for the purpose of obtaining a driver's license, identification card or permit for some other person, the Department shall take the following action pursuant to Ill. Rev. Stat. 1987, ch. 95 1/2, par. 6-206(a)(12):

ACTION TABLE

1st offense

12-month Suspension

1st offense (with pending
or effective Revocation)

Revocation

2nd or subsequent offense

Revocation; or

- 5) If such person has violated Sections 6-301, 6-301.1 or 6-301.2 of the Illinois Vehicle Code, the Department shall take action appropriate for the violation committed pursuant to Ill. Rev. Stat. 1987, ch. 95 1/2, par. 6-206.

- A) Unlawful use of driver's license or permit: If such person has displayed or caused to be displayed or had in his possession any cancelled, revoked or suspended driver's license or permit; allowed unlawful use of driver's license or permit; lent his driver's license or permit to any other person or knowingly allowed the use thereof by another; or displayed or represented as his own any driver's license or

NOTICE OF PROPOSED AMENDMENT(S)

permit issued to another (Ill. Rev. Stat. 1987, ch. 95 1/2, par. 6-301), the Department shall take the following action:

ACTION TABLE

1st offense

12-month Suspension

1st offense (with pending
or effective Revocation)

Revocation

2nd or subsequent offense

Revocation; or

- B) Fictitious or unlawfully altered driver's license or permit: If such person has knowingly possessed or displayed any fictitious or unlawfully altered driver's license or permit; knowingly issued or assisted in the issuance of a fictitious driver's license or permit; or knowingly manufactured, possessed, transferred or provided any identification document for the purpose of obtaining a fictitious driver's license or permit (Ill. Rev. Stat. 1987, ch. 95 1/2, par. 6-301.1), the Department shall take the following action:

ACTION TABLE

1st or subsequent offense

Revocation; or

- C) Fraudulent driver's license or permit: If such person has knowingly possessed, displayed or caused to be displayed any fraudulent driver's license or permit; knowingly possessed without authority any driver's license-making implement; or knowingly duplicated, manufactured, sold or transferred any fraudulent driver's license or permit (Ill. Rev. Stat. 1987, ch. 95 1/2, par. 6-301.2), the Department shall take the following action:

ACTION TABLE

1st or subsequent offense

Revocation; or

- 6) If such person has permitted another person to use any form of such person's identification in the application process to obtain a driver's license, identification card, or permit, the Department shall take the following action pursuant to Ill. Rev. Stat. 1987, ch. 95 1/2, par. 6-206(a)(25):

ACTION TABLE

SECRETARY OF STATE

SECRETARY OF STATE

NOTICE OF PROPOSED AMENDMENT(S)

NOTICE OF PROPOSED AMENDMENT(S)

1st offense12-month Suspension1st offense (with pending
or effective Revocation)Revocation2nd or subsequent offenseRevocation; or

2) If such person has unlawfully altered or attempted to alter or possessed an altered driver's license, identification card, or permit, the Department shall take the following action pursuant to Ill. Rev. Stat. 1987, ch. 95 1/2, par. 6-206(a)(26):

ACTION TABLE1st offense12-month Suspension1st offense (with pending
or effective Revocation)Revocation2nd or subsequent offenseRevocation; or

3) If such person has violated Section 6-16 of the Liquor Control Act of 1934 (Ill. Rev. Stat. 1987, ch. 43, par. 131, the Department shall take the following action pursuant to Ill. Rev. Stat. 1987, ch. 95 1/2, par. 6-206(a)(27):

ACTION TABLE1st offense12-month Suspension1st offense (with pending
or effective Revocation)Revocation2nd or subsequent offenseRevocation.

4) Evidence of one of the following fraudulent acts shall cause the driving privileges of a person to be suspended or revoked pursuant to subsection (b) of this section if the person:

1) submits to any portion of the application process as specified in Section 6-106(b) of the Illinois Driver Licensing Law of the Illinois Vehicle Code (Ill. Rev. Stat. 1987, ch. 95 1/2, par. 6-106(b)) for another person in order for the other person to obtain a driver's license, or permit of an identification card pursuant to Section 5 of the Illinois Identification Card Act (Ill. Rev. Stat. 1987, ch. 124, par. 231, or

2) obtains the services of another person to submit to any portion of the application process as specified in Section 6-106(b) of the Illinois Driver Licensing Law of the Illinois Vehicle Code to

obtain a driver's license or permit for him/herself or for an identification card pursuant to Section 5 of the Illinois Identification Card Act, or

3) alters in any part or manner an identification card, driver's license or permit issued by the Secretary of State, or

4) allows another person to use his/her identification card, driver's license or permit, or

5) makes a false statement or conceals any information required by Section 6-106 of the Illinois Driver Licensing Law of the Illinois Vehicle Code or Section 5 of the Illinois Identification Card Act or uses false information or identification when applying for an identification card, driver's license or permit. This includes applying for a duplicate or corrected license, permit or identification card, or renewing a driver's license, permit or identification card after knowingly allowing his/her driver's license or permit identification card to be used fraudulently, or

6) uses or attempts to use any identification card, driver's license or permit not issued to him/herself and/or as in his/her possession a concealed, revoked, suspended, fictitious or fraudulently altered license or permit or identification card not issued to him/herself, or

7) allows another person to use his/her identification in order to obtain an identification card, driver's license or permit, or

8) violates Section 6-302 of the Illinois Driver Licensing Law of the Illinois Vehicle Code (Ill. Rev. Stat. 1987, ch. 95 1/2, par. 6-302) by committing perjury or making a false affidavit.

c) The sources of acceptable proof of the offenses described in paragraph (b) above are court documents, driver services facility applications, government entity documents, and law enforcement correspondence/reports.

d) The Department will accept reports from prospective state employees and all other federal, state, county or local government agencies acting in their official capacities. The reports shall include the identity of the person committing the fraudulent act(s) and the time, place, and manner of the fraudulent act in order to be considered sufficient evidence to suspend or revoke the driving privileges. Media and news reports, if available, may be used by the Department to confirm the time, place, and manner of the incident alleged in the original report. Reports that include the aforementioned information shall result in a suspension of a

SECRETARY OF STATE
NOTICE OF PROPOSED AMENDMENTS

Service verifying that the individual has applied for federal amnesty. If an individual seeking federal amnesty has previously been found by the Department to be in violation of this Section or if the Department receives a report from individuals or agencies listed in subsection (4c) of this Section that a person applying for federal amnesty has been convicted of committing a criminal act involving the use of their identification card, driver's license or permit in violation of the Criminal Code of 1961 (Ill. Rev. Stat. 1987, ch. 38, par. 1-1 et seq.), his or her driving privileges shall be suspended or revoked by the Department in accordance with subsection (b) of this Section.

e) The Director of the Department shall rescind a suspension or revocation or reduce the period of a suspension for fraudulent activity if the Office of the Inspector General provides the Director with sufficient evidence demonstrating the person has cooperated in the course of an official investigation regarding the sale, manufacture, issuance or receipt of a fraudulent or fictitious driver's license or identification card. Sufficient evidence of cooperation will be shown by a written statement to the Director signed by the supervising official of the Office of the Inspector General. Whether or not the person cooperated in an investigation will be determined by the Office of the Inspector General.

(Source: Amended at 14 Ill. Reg. _____, effective _____)

ILLINOIS REGISTER
SECRETARY OF STATE

NOTICE OF PROPOSED AMENDMENT(S)

revocation. Reports that do not include the aforementioned information shall be forwarded to the Department of Administrative Hearings, Office of the Secretary of State for a show cause hearing as provided in 92 Ill. Adm. Code 1001, Subpart C.

f) An identification card, a driver's license or permit which has been altered, forged, fraudulently obtained or counterfeited must accompany the report. If it does not, the Department shall contact the source of the report and ask that it be submitted. If the identification card, driver's license or permit cannot be submitted, the source of the report shall submit in writing a statement explaining the reason why the identification card, driver's license or permit cannot be submitted.

g) If a person attempts to use suspected fraudulent forms of identification when applying for an identification card, a driver's license or permit, the facility employee shall contact his/her supervisor. In determining whether a submitted form is identification or suspected of being fraudulent, the facility employee shall look to such factors as: obvious alterations on forms submitted; comparison of applicant's physical appearance with physical description on forms submitted; whether forms submitted appear to be the official document of the issuing agency; and comparison of the applicant's signature on the application with his or her signature on the forms submitted. The supervisor shall retain the suspected fraudulent identification and submit it with the report of suspected fraudulent activity to the Department.

h) If a person commits a violation of Section 6-301 of 6-301.1 of the Illinois Driver Licensing Law of the Illinois Vehicle Code (Ill. Rev. Stat. 1987, ch. 95 1/2, pars. 6-301 and 6-301.1), his/her driving privileges shall be suspended or revoked under Section 6-206(1)(4) of the Illinois Driver Licensing Law of the Illinois Vehicle Code. If a person commits a violation of Section 14 of the Illinois Identification Card Act, his/her driving privileges shall be suspended or revoked under Section 6-206(1)(5), (9), (10), (12), (25), (26) of (Ill. Rev. Stat. 1987, ch. 95 1/2, pars. 6-206(1)(5), (9), (10), (12), (25), (26) of (25), (26) of (27)).

i) Persons who have applied for federal amnesty pursuant to the Immigration Reform and Control Act of 1986 (P.L. 99-603) shall not be suspended or revoked under subsection (b) of this Section if they show proof to the Department that they have applied for federal amnesty, unless they are otherwise ineligible to be licensed as drivers or granted a permit, as provided by Section 6-103 of the Illinois Driver Licensing Law of the Illinois Vehicle Code. (Ill. Rev. Stat. 1987, ch. 95 1/2, par. 6-103.). Proof shall be the application documents for federal amnesty issued by the Immigration and Naturalization

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

- 1) Heading of Part: Procedures and Requirements for Determining Loan Priorities for Municipal Wastewater Treatment Works Needs

- 2) Code Citation: 35 Ill. Adm. Code 366

- 3) Section Numbers: Adopted Action:

366.101 New Section
 366.102 New Section
 366.103 New Section
 366.104 New Section
 366.105 New Section
 366.106 New Section
 366.201 New Section
 366.202 New Section
 366.203 New Section
 366.204 New Section
 366.205 New Section
 366.206 New Section
 366.301 New Section
 366.302 New Section
 366.303 New Section
 366.304 New Section
 366.305 New Section
 366.306 New Section
 366.307 New Section
 366.401 New Section
 366.402 New Section
 366.403 New Section
 366.404 New Section
 366.405 New Section
 366.501 New Section
 366.502 New Section
 366.503 New Section
 366.504 New Section
 366.505 New Section
 366.506 New Section
 366.601 New Section

Appendix A
 Appendix B
 Appendix C
 Appendix D

- 4) Statutory Authority: Implementing and authorized by Section 19.1 through 19.8 of the Environmental Protection Act, (Ill. Rev. Stat. 1988 Supp., ch. 111 1/2, pars. 1019.1 through 1019.8).

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

- 5) Effective Date of Rules: May 14, 1990
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Do the adopted rules contain incorporations by reference? No
- 8) Date filed in Agency's Principal Office: May 14, 1990
- 9) Notice of Proposal Published in Illinois Register: 13 Ill. Reg. 19850 (December 22, 1989)
- 10) Has JCAR issued a Statement of Objection to these rules? No
- 11) Differences between proposal and final version:

A) Following the Notice of Proposed Rules comments were provided by Emil Cook of the WPCRF Advisory Committee and the USEPA. In accordance with their comments the following changes were made:

Emil Cook's comment #1 -- Capital letters were removed from mathematical formulas in Sections 366.205(b) and (c), 366.305(a) and (c) and 366.506 for consistency. Additionally, parenthesis were added to mathematical formulas in Sections 366.203, 366.305(a) and (c) and 366.506 for clarity.

Emil Cook's comment #2 -- The definition for "Default Value" was removed from Section 366.102(b) and a new subsection was added to Section 366.601 which states "g) Where adequate data is not available to calculate any factor, a value of 1.0 will be assigned to allow completion of the LPI calculations."

Emil Cook's comment #3 -- In Section 366.104(e), the Agency changed "If insufficient projects in either area are ready to proceed ..." to "If sufficient projects in either area are not able to complete a loan application ..." Additionally the spelling of "appropriated" was corrected.

Emil Cook's comment #4 -- In Section 366.202, the table of Median Household Incomes was modified by the addition of dollar signs, changing "20,000" to "19,999" on line three and ">55,000" to ">54,999" on line eleven.

Emil Cook's comment #5 -- In Section 366.203, the Agency changed the formula from $A2 = \frac{\Sigma \text{points from IBI, PIBI, DUS categories}}{\Sigma \text{maximum possible points for each category}} \div 5$

TO

$A2 = 100 \frac{\Sigma \text{points from IBI, PIBI, DUS categories}}{\Sigma \text{maximum possible points for each category}} \div 5$

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

Emil Cook's comment #6 -- In Section 366.205, the Agency changed the word "percentage" to "degree", "ratio of existing load to the" or "larger of the two ratios", as appropriate.

Emil Cook's comment #7 -- Section 366.205(c) was changed from

"c) The severity and frequency of permit exceedance element will be calculated as follows:

- 1) For wastewater treatment facilities the severity and frequency of the permit exceedance element shall be calculated based on DMR data for the previous calendar year as follows:

For each discharge parameter (BOD, suspended solids, ammonia/nitrogen, phosphorus and chlorine/toxics) affected by the proposed project, the following calculation will be performed:

$$\frac{\text{Number of Events}}{\text{Number of Samples}} \times \frac{\text{Average Reported Value}}{\text{Limitation}} = \frac{\text{Permit Exceedance}}{\text{Factor}}$$

The Permit Exceedance factor will be totaled for the affected parameters and one (1) will be added; or"

TO

"c) The permit exceedance element will be calculated as follows:

- 1) For wastewater treatment facilities, the permit exceedance element shall be based on monitoring report data for the previous calendar year as follows:

$$\frac{\text{number of months with a permit exceedance event}}{\text{number of months reported}} + 1$$

Where:

- A) BOD, suspended solids or phosphorus exceed the monthly limits or;
- B) Ammonia nitrogen, chlorine or toxics exceed the monthly or maximum limit as specified in the permit.

The permit exceedance element shall be based on the single parameter that is addressed by the project with the greatest ratio of permit exceedance; or"

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

Emil Cook's comment #8 -- The Agency added Section 366.601(f): "The loan applicant may provide monitoring data for a pending permit requirement in order to allow the Agency to calculate a permit exceedance element as identified in 366.205(c), provided that the Agency has formally notified the applicant of a pending new permit requirement." and added in Section 366.102 are the following definitions:

"Monitoring Reports" -- Reports submitted in response to permits issued under the authority of the Federal Clean Water Act (33 U.S.C. 1281 et seq.), the Environmental Protection Act (Ill. Rev. Stat. 1988 Supp., ch. 111 1/2, par. 1001 et seq.), and regulations adopted under these Acts, including discharge (NPDES) permits and State operating permits.

"Permits" -- National Pollutant Discharge Elimination System (NPDES) permits and State operating permits as described in 35 Ill. Adm. Code: Subtitle C, Part 309.

Emil Cook's comment #9 -- The Agency changed the last sentence of Section 366.303 from "The B2 factor is calculated by taking the stream class (see Appendix A) x the high quality water factor of:" to "The B2 factor is calculated by multiplying the Water Quality Factor as calculated in A2 by the high quality water factor for the stream class (see Appendix A):"

Emil Cook's comment #10 -- In Section 366.304(b), the Agency added "less than 1% above the state average = 0.0" to the table.

Emil Cook's comment #11 -- In Section 366.305(a), the calculation of the wastewater treatment expansion factor was changed from:

"a) Wastewater Treatment Expansion

$$\frac{\text{Average organic load}}{\text{organic design}} \times \frac{3 \text{ months low flow average}}{\text{hydraulic design}} + 1$$

TO

"a) Wastewater Treatment Expansion

The wastewater treatment expansion factor will be based on the ratio of the existing load to the design capability. The larger of the two ratios will be used as follows:

- 1) $\frac{\text{average organic load}}{\text{organic design}} + 1$ or
- 2) $\frac{3 \text{ months low flow average}}{\text{hydraulic design}} + 1$

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

Emil Cook's comment #12 -- In Section 366.501, the formula was revised to include D5. In Sections 366.503, 366.504 and 366.505(a) and (b), each of the tables was changed to add a provision for zero to be used.

Emil Cook's comment #13 -- Sections 366.503, 366.504 and 366.505 were changed by the Agency to delete references to points. The table in Section 366.503 was revised from:

0-50 acres	= 1.01 points;
51-100 acres	= 1.02 points;
101-150 acres	= 1.03 points;
151-200 acres	= 1.04 points;
> 200 acres	= 1.05 points.

TO

0 acres	= 1.00
> 0 < 50 acres	= 1.01
> 50 < 100 acres	= 1.02
> 100 < 150 acres	= 1.03
> 150 < 200 acres	= 1.04
> 200 acres	= 1.05

Emil Cook's comment #14 -- The Agency changed Appendix D to correct the two grammatical errors. "If all lift station wet wells equipped ..." has been changed to "If all lift station wet wells are equipped ..." in A)5). "If there a program ..." has been changed to "If there is a program ..." in B)1).

USEPA's first comment -- The Agency deleted "FY1991" from Section 366.104(b) and replaced with "the 1991 Intended Use Plan".

USEPA's second comment -- In Section 366.104(e) and (f) the term "ready to proceed" has been deleted and replaced with "able to complete a loan application".

USEPA's third comment -- No change was made.

USEPA's fourth comment -- The Agency has clarified the equation by changing "outstanding permits" to "outstanding state construction permits".

USEPA's fifth comment -- No change was made.

USEPA's sixth comment -- Appendix A was changed by rewording. "The calculations for river reaches range on a possible scale of 0-100, where 100 results in the highest priority and 0 results in the lowest priority," to read, "The calculations for river reaches range on a

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

possible scale of 0-100, where 100 indicates the most highly valued water quality resource and results in the highest priority for protection or preservation."

- B) Response to Recommendations made by Administration Code Unit: The Agency has made the changes requested by the Administrative Code Division of the Office of Secretary of State (Attachment 3). The one inch margins have been maintained throughout the document. All underlining has been deleted. The Table of Contents - headings of Sections 366.401 Subpart E; Appendix C and D now are in agreement in respect to punctuation and capitalization. In AUTHORITY: "Section" has been revised to "Sections." "(The Act)" has been inserted immediately following Environmental Protection Act and the Rev. Stat. 1987 citation has been updated to "1988 Supp." in Section 366.101. The title "35" has been added to the Ill. Adm. Code and the Rev. Stat. 1987 citation has been updated to "1988 Supp." in Section 366.102. The tables in Sections 366.503 and 366.504 have been moved one-half inch to the right. The Section numbers has been inserted ahead of the Appendices.

- C) In response to the JCAR agreements the Agency has made the following amendments:

- 1) The Agency added the following text after "facilities plans" in the first sentence of Section 366.104(b): "(35 Ill. Adm. Code: Subtitle E)" and "(35 Ill. Adm. Code: Subtitle D)" after "pre-application filing deadline" in that sentence.
- 2) The Agency added "(Section 19.7 of the Act)" to Section 366.104(b).
- 3) The Agency added the text "in the Intended Use Plan (see 35 Ill. Adm. Code 365.402)" after "project classes" in Section 366.104(c).
- 4) The Agency added "Section 607 of" before the text "the Clean Water Act" in Section 366.104(d) and "(see 35 Ill. Adm. Code 365.403)" to the end of that Section.
- 5) The Agency added the text "Section 366.105 and" before "this Part" in Section 366.104(f).
- 6) The Agency added the text "(see 35 Ill. Adm. Code: 365.Subpart E" to Section 366.106(a).
- 7) The Agency added "at the option of the applicant" before "on the priority list" in Section 366.106(b).
- 8) The Agency deleted the second sentence in Section 366.302 and

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

inserted in lieu thereof the following: "the applicant will provide a determination of the mid-point of the distribution of the annual incomes of at least 80% of the households in the project service area (commonly known as median household income). The AI factor is based on median household income and is calculated as follows:"

- 9) The Agency added the following text after "Department of Employment Security" in Section 366.304(a), "pursuant to Section 43a.08 of the Civil Administrative Code of Illinois (Code) (Ill. Rev. Stat. 1987, ch. 48, par. 43a.08) and 20 CFR 634 (1989) (no subsequent dates and editions)" and add "annual" before the test "unemployment percentage" in that Section.
- 10) To add the following text to Section 366.304(a): "Information concerning a municipality's unemployment rate can be obtained from: Economic Information and Analysis Section, Department of Employment Security, 555 South Pasfield, Floor 2, Springfield, Illinois 62704, (217) 785-4624.
- 11) To add the text "pursuant to Section 46.37(a) of the Code" after "Departments of Commerce and Community Affairs" in Section 366.304.
- 12) to add the text "established by (Ill. Rev. Stat. 1987, ch. 127, par. 454.4a)" after "Health Hazard List" in Section 366.307.
- 13) To add the following text after "good fishery for important gamefish species" in Appendix A, Class B in the "Biological Stream Classification (BSC) Summary" L ("sauger, walleye, northern pike, black bass, panfish and catfish)".

- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will this amendment replace an emergency amendment currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of the Rules: This Part sets forth the procedures and requirements established by the Environmental Protection Agency (IEPA) for determining priorities in awarding financial assistance for the construction of municipal wastewater treatment works under the Environmental Protection Act (The Act) (Ill. Rev. Stat. 1988 Supp., ch. 111 1/2, pars. 1019.1 through 1019.8) and Title VI of the Federal Clean Water Act (33 U.S.C. 1281 et seq.).
- 16) Information and questions regarding the rule shall be directed to:

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

Name: Ron Drainer
Division of Water Pollution Control

Address: Illinois Environmental Protection Agency
2200 Churchill Road
Post Office Box 19276
Springfield, Illinois 62794-9276

Telephone: 217/782-2027

The full text of the Adopted Rules begins on the next page.

ENVIRONMENTAL PROTECTION AGENCY

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

NOTICE OF ADOPTED RULES

TITLE 35: ENVIRONMENTAL PROTECTION

SUBTITLE C: WATER POLLUTION
CHAPTER II: ENVIRONMENTAL PROTECTION AGENCY

Formula for Computing the Loan Priority Index for New Service Projects

- Section
366.401 C1 Factor (Financial Impact)
366.402 C2 Factor (Water Quality)
366.403 C3 Factor (Organic Load)
366.404 C4 Factor (Health Hazard)
366.405

PART 366

PROCEDURES AND REQUIREMENTS FOR
DETERMINING LOAN PRIORITIES FOR MUNICIPAL WASTEWATER
TREATMENT WORKSSUBPART E: PROCEDURE FOR CALCULATING LOAN PRIORITY INDEX FOR
COMBINED SEWER SERVICE PROJECTS

SUBPART A: INTRODUCTION

- Section
366.101 Purpose
366.102 Definitions
366.103 Priority System and Project Priority List
366.104 Funding Allocations
366.105 Pre-applications
366.106 Facility Planning

SUBPART B: PROCEDURE FOR CALCULATING THE LOAN PRIORITY INDEX
OF SERVICE CONTINUATION PROJECTS

- Section
366.201 Formula for Computing the Loan Priority Index for Service
Continuation Projects
366.202 A1 Factor (Financial Impact)
366.203 A2 Factor (Water Quality)
366.204 A3 Factor (Organic Load)
366.205 A4 Factor (Assessment of Existing Facilities)
366.206 A5 Factor (Operational Excellence)

SUBPART C: PROCEDURE FOR CALCULATING THE LOAN PRIORITY INDEX
OF SERVICE EXPANSION PROJECTS

- Section
366.301 Formula for Computing the Loan Priority Index for Service Expansion
Projects
366.302 B1 Factor (Financial Impact)
366.303 B2 Factor (Water Quality)
366.304 B3 Factor (Economic Benefit)
366.305 B4 Factor (Existing Utilization)
366.306 B5 Factor (Operational Excellence)
366.307 B6 Factor (Health Hazard)

SUBPART D: PROCEDURE FOR CALCULATING LOAN PRIORITY INDEX
FOR NEW SERVICE PROJECTS

Section

- 366.401 C1 Factor (Financial Impact)
366.402 C2 Factor (Water Quality)
366.403 C3 Factor (Organic Load)
366.404 C4 Factor (Health Hazard)
366.405

SUBPART E: PROCEDURE FOR CALCULATING LOAN PRIORITY INDEX FOR
COMBINED SEWER SERVICE PROJECTS

- Section
366.501 Formula for Computing the Loan Priority Index for Combined Sewer
Projects
366.502 D1 Factor (Financial Impact)
366.503 D2 Factor (Drainage Area)
366.504 D3 Factor (Flooding Frequency)
366.505 D4 Factor (Basement Backups)
366.506 D5 Factor (Percentage of Basements Affected)

SUBPART F: PROCEDURE FOR APPLICATION OF SCORING
CONVENTIONS

- Section
366.601 Scoring Conventions

- Appendix A Waterbody Specific Information
Appendix B Service Continuation A4 Factor Scoring Review Sheet
Appendix C Excellence of Operation Scoring Review Sheet for Local
Government Units That Own Wastewater Treatment Facilities
Appendix D Excellence of Operation Scoring Review Sheet for Local
Government Units That Own Only Wastewater Collection Facilities

AUTHORITY: Implementing and authorized by Sections 19.1 through 19.8 of the Environmental Protection Act, (Ill. Rev. Stat. 1988 Supp., ch. 111 1/2, pars. 1019.1 through 1019.8).

SOURCE: Adopted at 14 Ill. Reg. 8121, effective May 14, 1990.

SUBPART A: INTRODUCTION

- Section 366.101 Purpose

This Part sets forth the procedures and requirements established by the Illinois Environmental Protection Agency (IEPA) for determining priorities in awarding financial assistance for the construction of municipal wastewater treatment works under the Environmental Protection Act (The Act) (Ill. Rev. Stat. 1988 Supp., ch. 111 1/2, pars. 1019.1 through 1019.8) and Title VI of the Federal Clean Water Act (33 U.S.C. 1281 et seq.).

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

Section 366.102 Definitions

a) Unless specified otherwise, all terms shall have the meanings set forth in the Environmental Protection Act (Ill. Rev. Stat. 1988 Supp., ch. 111 1/2, pars. 1001 et seq.), the Federal Clean Water Act (33 U.S.C. 1281 et seq.) and regulations adopted under these Acts, including 35 Ill. Adm. Code: Subtitle C, Part 365.

b) For purposes of these rules, the following definitions apply:

"Agency" -- Illinois Environmental Protection Agency.

"Combined Sewer Service Projects" -- Projects constructed in a combined sewer service area which are intended to reduce or eliminate street, area and basement flooding.

"Fund" -- The Water Pollution Control Revolving Fund as authorized by P.A. 85-1135, effective September 1, 1988.

"Intended Use Plan" -- A plan which includes a description of the short and long term goals and objectives of the Fund, project categories, discharge requirements, terms of financial assistance and the communities to be served.

"Monitoring Reports" -- Reports submitted in response to permits issued under the authority of the Federal Clean Water Act (33 U.S.C. 1281 et seq.), the Environmental Protection Act (Ill. Rev. Stat. 1988 Supp., ch. 111 1/2, par. 1001 et seq.), and regulations adopted under these Acts, including discharge (NPDES) permits and State operating permits.

"New Service Project" -- Projects which will provide wastewater collection, transportation or treatment for an unsewered local government unit.

"P.E. 80D" -- A term used to evaluate the impact of industrial or other waste on a treatment works or streams in terms of five day biochemical oxygen demand. One P.E. 80D equals 0.17 pounds (77g).

"Permits" -- National Pollutant Discharge Elimination System (NPDES) permits and State operating permits as described in 35 Ill. Adm. Code: Subtitle C, Part 309.

"Priority System" -- A methodology used to rank projects for inclusion on the project priority list.

"Project Priority List" -- An ordered listing of projects which

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

the Agency has determined are eligible to receive financial assistance from the Fund.

"Service Continuation Project" -- Projects for the improvement, upgrade, rehabilitation, renovation, and/or replacement of wastewater treatment works.

"Service Expansion Project" -- Projects to expand capacity of existing wastewater treatment works.

"Title VI" -- Title VI of the Federal Clean Water Act (33 U.S.C. 1281 et seq.).

"USEPA Reach File" -- Hydrologic Nomenclature System developed by USEPA to identify and locate specific waterbodies.

Section 366.103 Priority System and Project Priority List

a) Financial assistance will be provided from the Fund only to projects which are identified on the project priority list.

b) This Part sets forth a priority system to be used to rank projects for inclusion on the project priority list. The ranking of a project is as calculated under Subparts B, C, D and E.

c) The project priority list shall be published annually in the preliminary Water Pollution Control Program Plan developed in accordance with Section 106 of the Federal Clean Water Act (33 U.S.C. 1256). After the public hearing is held to discuss the Program Plan, the Agency shall evaluate and consider any public comments received concerning the project priority list. The final project priority lists shall be published in the final Water Pollution Control Program Plan.

d) The Agency will develop a priority list with four (4) separate classes of projects:

- 1) Service Continuation Projects
- 2) Service Expansion Projects
- 3) New Service Projects
- 4) Combined Sewer Service Projects

e) Data provided in the applicant's pre-application will determine the appropriate class for each project for which assistance is requested from the Fund.

Section 366.104 Funding Allocations

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

- a) In the development of its priority list, the Agency will allocate available loan funds to the four major classes of projects in proportion to the relative needs of the State for each project class, subject to the limitations of Section 602(b)(6) of the Clean Water Act (33 U.S.C. 1382(b)(6)).
- b) Annual allocations of available loan funds to each class shall initially be made on the basis of State wastewater needs as identified in the pre-applications for projects which are part of approved facilities plans (35 Ill. Adm. Code: 365.Subpart E) as of the pre-application filing deadline (35 Ill. Adm. Code: 365.Subpart D). For the 1991 Intended Use Plan only, the initial allocation to project classes shall be based on State needs as identified in a statewide survey of wastewater needs (Section 19.7 of the Act).
- c) After January 1 of each fiscal year, the Agency may adjust its allocations of available funds among project classes in the Intended Use Plan (see 35 Ill. Adm. Code 365.402) to reflect the relative needs contained in completed loan applications, subject to the overall availability of loan funds for that fiscal year.
- d) Loan funds available from State and federal appropriations during the capitalization period authorized by Section 607 of the Clean Water Act to capitalize the Water Pollution Control Revolving Fund will be subject to an equal division between the service area of the Metropolitan Water Reclamation District of Greater Chicago and the area which is comprised of the geographical balance of the state, to the extent that projects in either area in any fiscal year have qualified to receive loan assistance and are ready to proceed in accordance with the criteria for loan award (see Ill. Adm. Code 365.403).

e) If sufficient projects in either area are not able to complete a loan application in any fiscal year to permit an equal division of the above funds, loans will be made to those projects which are able to complete a loan application to the extent that the appropriated funds are available.

f) Any imbalance in the division of the total loan funds appropriated during the capitalization period authorized by the Clean Water Act to capitalize the Water Pollution Control Revolving Fund shall be carried forward from year to year and shall be applied as projects are able to complete a loan application to achieve an accumulative equal distribution subject to the constraints of Section 366.105 and this Part.

Section 366.105 Pre-applications

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

- a) A local government unit may submit a pre-application at any time. The pre-application must identify the class of the project, the discharge location point, the scope of the project, the population tributary to the project, a cost estimate and schedule for completion of the project.
- b) An applicant is required to renew its pre-application annually.
- c) Pre-applications must be received by March 31st of the preceding fiscal year to be included on the Intended Use Plan.
- d) A project with approved facility planning may be added to the priority list at any time by the submission of a pre-application.

Section 366.106 Facility Planning

- a) A project's priority will be adjusted to reflect completed and approved facility planning (see Ill. Adm. Code 365: Subpart E).
- b) Projects may be split into more than one project, deleted or modified at the option of the applicant on the priority list as a result of the approval of the facility planning.

SUBPART B: PROCEDURE FOR CALCULATING THE LOAN
PRIORITY INDEX OF SERVICE CONTINUATION PROJECTS

Section 366.201 Formula for Computing the Loan Priority Index for Service Continuation Projects

The Loan Priority Index (LPI) is a number that is the product of five factors. The LPI is calculated as follows: $A1 \times A2 \times A3 \times A4 \times A5 = LPI$.

Section 366.202 A1 Factor (Financial Impact)

A1 is a factor which evaluates the financial impact of wastewater improvements on the residents of the municipality. The applicant will provide a determination of the mid-point of the distribution of the annual income of at least 80% of the households in the project service area (commonly known as median household income). The A1 factor is based on median household income and is calculated as follows:

Less than	\$10,000	1.1
\$10,000 -	\$14,999	1.09
\$15,000 -	\$19,999	1.08
\$20,000 -	\$24,999	1.07
\$25,000 -	\$29,999	1.06
\$30,000 -	\$34,999	1.05
\$35,000 -	\$39,999	1.04

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

\$40,000 -	\$44,999	1.03
\$45,000 -	\$49,999	1.02
\$50,000 -	\$54,999	1.01
Greater than \$54,999		1.00

Section 366.203 A2 Factor (Water Quality)

A2 is a factor that evaluates the water quality of the receiving waterbody or proposed receiving waterbody. These water quality evaluations are based on current waterbody specific information. A combination of biotic integrity information and abiotic data from three categories are used in A2 calculations when available. These categories include the Index of Biotic Integrity (IBI), the Predicted Index of Biotic Integrity (PIBI), and the Degree of Use Support (DUS). As a result, those stream reaches resulting in the highest priority are those with the highest quality and potential for improvement (see Appendix A). A2 calculations for stream reaches (as defined by USEPA REACH file) are derived by:

$$A2 = 100 \frac{\sum \text{points from IBI, PIBI, DUS categories}}{\sum \text{maximum possible points for each category}} + 5$$

Section 366.204 A3 Factor (Organic Load)

A3 is a factor that evaluates the existing organic load that is tributary to the proposed project. It is calculated as the square root of \log_{10} of the tributary waste load in P.E. BOD. Where the municipality has provided monitoring report data, it will be used for the previous calendar year. In cases where the monitoring report data is not available for the previous calendar year, the approved facilities planning will provide estimated existing organic load.

Section 366.205 A4 Factor (Assessment of Existing Facilities)

A4 is a factor that evaluates the need for the project in terms of its importance to the treatment works. It is calculated as the product of three elements: (the objective assessment of the existing facilities) x (the degree of utilization) x (frequency of permit violations) = A4.

a) The objective assessment will be completed based on the approved facility planning and the Agency's verification of the facilities planning's finding in terms of the adequacy, age, structural and/or mechanical reliability of the existing treatment units. The objective assessment for the particular project will be completed by the Agency prior to the completion of the facility planning. (See Appendix B.)

b) The degree of utilization will be calculated as follows:

$$\begin{aligned} 0-5 &= 1.2; \\ 6-10 &= 1.4; \\ 11-15 &= 1.6; \end{aligned}$$

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

1) For wastewater treatment facilities, ratio of the existing load to the design load will be calculated for both hydraulic and organic load as follows:

$$\frac{\text{average organic load}}{\text{organic design}} \text{ or } \frac{3 \text{ months low flow average}}{\text{hydraulic design}}$$

The larger of the two ratios will be used in the A4 calculation.

2) For wastewater transportation facilities: existing peak flow design peak

3) Where relief sewer capacity is proposed, the degree of utilization will be calculated at the point in the treatment works where the greatest reserve capacity exists.

c) The permit exceedance element will be calculated as follows:

1) For wastewater treatment facilities, the permit exceedance element shall be based on monitoring report data for the previous calendar year as follows:

$$\frac{\text{number of months with a permit exceedance event}}{\text{number of months reported}} + 1$$

Where:

A) BOD, suspended solids or phosphorus exceed the monthly limits or;

B) Ammonia nitrogen, chlorine or toxics exceed the monthly or maximum limit as specified in the permit.

The permit exceedance element shall be based on the single parameter that is addressed by the project with the greatest ratio of permit exceedance; or

2) For sewer system improvements an alternate calculation will be utilized as follows based on the information in the approved facility planning:

For overflow and/or bypass events, number of occurrences in last year:

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

16-20 = 1.8;
>20 = 2.0;

or

3) For basement back-ups the frequency and the number of affected basements will be used (number x frequency).

A) Average number of basements affected per occurrence:

0-10 = 1.1;
11-20 = 1.2;
21-50 = 1.3;
51-100 = 1.4;
>100 = 1.5.

B) Annual frequency of occurrence of basement backups:

0-5 times = 1.1;
6-10 times = 1.2;
11-15 times = 1.3;
16-20 times = 1.4;
>20 times = 1.5.

Section 366.206 A5 Factor (Operational Excellence)

A5 is a factor which evaluates the operation of the existing facilities and provides a bonus for excellence of operation. For facilities that have exhibited excellence in operation and maintenance by receiving a score of 16 or greater out of a possible composite score of 20, 1.5 points will be awarded. All others will be 1.0. This factor will be calculated by the Agency using the criteria in Appendix C or D.

SUBPART C: PROCEDURE FOR CALCULATING THE LOAN
PRIORITY INDEX OF SERVICE EXPANSION PROJECTS

Section 366.301 Formula for Computing the Loan Priority Index for Service Expansion Projects

The Loan Priority Index (LPI) is a number that is the product of six (6) factors. The LPI is calculated as follows: $B1 \times B2 \times B3 \times B4 \times B5 \times B6 = LPI$.

Section 366.302 B1 Factor (Financial Impact)

B1 is a factor which addresses the financial ability of the community as in A1 above.

Section 366.303 B2 Factor (Water Quality)

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

B2 is a factor that evaluates the existing quality of the receiving stream in accordance with the procedure outlined in A2, and modifies that ranking so as not to encourage additional waste load to high quality streams. The B2 factor is calculated by multiplying the Water Quality Factor as calculated in A2 by the high quality water factor for the stream class (see Appendix A):

0.60 for A streams (Unique Aquatic Resource);
0.75 for B streams (Highly Valued Aquatic Resource);
1.00 for C streams (Moderate Aquatic Resource);
1.00 for D streams (Limited Aquatic Resource);
1.00 for E streams (Restricted Aquatic Resource).

Section 366.304 B3 Factor (Economic Benefit)

a) B3 is a factor that evaluates the potential for economic benefit and the managerial capability of the municipality. Additional points will be awarded for having an annual unemployment percentage above the state average as determined by the Department of Employment Security pursuant to Section 43a.08 of the Civil Administrative Code of Illinois (Code) Ill. Rev. Stat. 1987, ch. 127, par. 43a.08) and 20 CFR 634 (1989) (no subsequent dates or editions) and/or for being a Certified City as determined by the Department of Commerce and Community Affairs pursuant to Section 46.37(a) of the Code. Information concerning a municipality's unemployment rate can be obtained from: Economic Information and Analysis Section, Department of Employment Security, 555 S. Pasfield, Floor 2, Springfield, Illinois 62704 (217) 785-4624.

b) B3 is calculated as (unemployment rate factor) + (Certified City factor) + 1.

1) Where the applicant's unemployment rate is above the State average, unemployment rate points will be awarded as follows:

less than 1% above state average = 0.0;
1-3% above the state average = 0.1;
4-5% above the state average = 0.2;
5% above state average = 0.3.

2) Where the municipality is participating in DCCA's Certified City Program, 0.05 point is awarded; and if the applicant is a Certified City, 0.1 points will be awarded.

Section 366.305 B4 Factor (Existing Utilization)

B4 is a factor representative of the existing loadings or the degree of utilization of the existing capacities. This factor will be calculated for each type of project (i.e. wastewater treatment expansion, collection system)

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

extension or additional sewer capacity) using different factors as follows:

a) Wastewater Treatment Expansion

The wastewater treatment expansion factor will be based on the ratio of the existing load to the design capability. The larger of the two ratios will be used as follows:

- 1) $\frac{\text{average organic load} + 1}{\text{organic design}}$ or
- 2) $\frac{3 \text{ months low flow average} + 1}{\text{hydraulic design}}$

b) Collection System Extension

0-50 P.E. = 1.1; for each additional 50 P.E., 0.1 point will be added to a maximum of 2.0.

c) Collection System Capacity Expansion

$\frac{\text{existing flow} + \text{outstanding State construction permits} + 1}{\text{permitted capacity}}$

Section 366.306 B5 Factor (Operational Excellence)

B5 is a factor that evaluates the operation of the existing facilities as in A5 above.

Section 366.307 B6 Factor (Health Hazard)

B6 is a health hazard factor for use with failing septic systems in unsewered areas to be served by collection system extensions. Projects on the Illinois Department of Public Health's annual Health Hazard List established by (Ill. Rev. Stat. 1987, ch. 127, par. 454.4a) will be assigned a value of 1.1 and all others will be assigned a value of 1.0.

SUBPART D: PROCEDURE FOR CALCULATING THE LOAN PRIORITY INDEX FOR NEW SERVICE PROJECTS

Section 366.401 Formula for Computing Loan Priority Index for New Service Projects

The Loan Priority Index (LPI) for new service projects is a number that is the product of four (4) factors. The LPI is calculated as follows: $C1 \times C2 \times C3 \times C4 = \text{LPI}$.

Section 366.402 C1 Factor (Financial Impact)

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

C1 is a factor that addresses the financial ability of the unit of local government as in A1 above.

Section 366.403 C2 Factor (Water Quality)

C2 is a factor representative of the existing receiving stream water quality as in B2 above.

Section 366.404 C3 Factor (Organic Load)

C3 is a factor that evaluates the existing organic load tributary to the proposed project and is calculated as in A3 above.

Section 366.405 C4 Factor (Health Hazard)

C4 is a factor to denote an existing health hazard and is applied as in B6 above.

SUBPART E: PROCEDURE FOR CALCULATING THE LOAN PRIORITY INDEX FOR COMBINED SEWER SERVICE PROJECTS

Section 366.501 Formula for Computing the Loan Priority Index for Combined Sewer Projects

The Loan Priority Index (LPI) number for Combined Sewer Service projects is the product of 5 factors. The LPI is calculated as follows: $D1 \times D2 \times D3 \times D4 \times D5 = \text{LPI}$.

Section 366.502 D1 Factor (Financial Impact)

D1 is a factor that addresses the financial ability of the unit of local government as in A1 above.

Section 366.503 D2 Factor (Drainage Area)

D2 is a factor that represents the size of the drainage area tributary to the project. The factor will be based on the size of the drainage area:

0 acres	= 1.00
> 0 < 50 acres	= 1.01
> 50 < 100 acres	= 1.02
> 100 < 150 acres	= 1.03
> 150 < 200 acres	= 1.04
> 200 acres	= 1.05

Section 366.504 D3 Factor (Flooding Frequency)

D3 is a factor that considers the frequency of street or area flooding caused

ENVIRONMENTAL PROTECTION AGENCY

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

NOTICE OF ADOPTED RULES

by inadequate combined sewer transport capacity. The factor will be based on the annual frequency of flooding events as follows:

0 times per year = 1.00
1-5 times per year = 1.01
6-10 times per year = 1.02
11-15 times per year = 1.03
16-20 times per year = 1.04
> 20 times per year = 1.05

Section 366.505 D4 Factor (Basement Backups)

D4 is a factor that represents the frequency of basement flooding. D4 is calculated as follows: (frequency of basement flooding) x (average number of basements affected) = D4.

a) The frequency of basement flooding element will be calculated as follows:

0 times per year = 1.00
1-5 times per year = 1.01
6-10 times per year = 1.02
11-15 times per year = 1.03
16-20 times per year = 1.04
> 20 times per year = 1.05

b) The number of basements affected element will be calculated as follows using the average number of basements affected by storm events during the previous year:

0 basements = 1.0
1-10 basements = 1.1
11-25 basements = 1.2
26-50 basements = 1.3
51-100 basements = 1.4
> 100 basements = 1.5

Section 366.506 D5 Factor (Percentage of Basements Affected)

D5 is a factor that expresses the average number of basements affected in the project drainage area as a percent of the basements in the project drainage area as follows:

$D5 = 100 \frac{\text{average \# of basements affected in drainage area}}{\text{\# of basements in drainage area}}$

SUBPART F: PROCEDURE FOR APPLICATION OF SCORING CONVENTIONS

Section 366.601 Scoring Conventions

- For integrally related projects, such as an expansion of wastewater treatment capacity and a project to add additional load to the treatment facilities (i.e. relief interceptors, new interceptors, collection system extensions, new service regional projects, etc.), the wastewater treatment facility expansion project will proceed at the LPI of the expansion project or at the LPI of the project adding load, whichever results in the more favorable priority ranking.
- Projects for Inflow/Infiltration correction serving more than one municipality will be scored for priority using the A2 and A4 factors for the receiving wastewater treatment works. The A1, A3 and A5 factors will be determined based on the data for the municipality where the project is proposed.
- At the time of facility planning approval, all projects will be rescored based on the approved planning. As a result of this rescoring, projects may be split into a number of projects, deleted or moved to an appropriate class.
- For relief or replacement interceptor sewers that provide capacity in addition to the relief capacity required for the existing service area, the Agency will assign segments of the project different priority numbers or place segments in different project classes based on the percent of capacity utilization for each segment as determined during facility planning approval.
- Where the project encompasses more than one area of review (i.e. wastewater treatment plant and lift stations or wastewater collection system and lift stations), the objective assessment portion of the A4 factor will be averaged for the areas of review included in the project.
- The loan applicant may provide monitoring data for a pending permit requirement in order to allow the Agency to calculate a permit exceedance element as identified in 366.205(c), provided that the Agency has formally notified the applicant of a pending new permit requirement.
- Where adequate data is not available to calculate any factor, a value of 1.0 will be assigned to allow completion of the LPI calculation.

366.Appendix A Waterbody Specific Information

The waterbody specific information used by the Agency for the priority system is contained in the Agency's biennial reports required under Section 305(b) of the Clean Water Act (33 U.S.C. 1315(b)). The calculations for river reaches

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

range on a possible scale of 0-100, where 100 indicates the most highly valued water quality resources and results in the highest priority for protection or preservation. Calculations for lakes and reservoirs are based on the Degree of Use Support Assessment (DUS) and expressed as the DUS points as a percentage of the maximum DUS points.

The component categories of IBI, PIBI, and DUS are determined based on the following:

a) IBI - Index of Biotic Integrity

The Index of Biotic Integrity (IBI) is the priority metric of the Biological Stream Characterization (BSC) stream classification system. IBI values ranging from 12 to 60 constitute the primary basis of the five stream classes as follows:

When quality stream fishery data are lacking for IBI determinations, BSC ratings may be derived by a subjective evaluation of narrative fishery criteria. In the absence of fishery data, aquatic macroinvertebrate data may be used for Limited or Restricted Use Aquatic Resource ratings (Class C and D respectively) for stream segments five miles in length or longer. The actual index is used in calculating A2. The maximum number of points when IBI is used is 60.

b) PIBI - Predicted Index of Biotic Integrity

The Predicted Index of Biotic Integrity (PIBI) was developed to predict biotic potential (as measured by IBI) from habitat metrics.

The index is determined from the following relationships of four (4) stream habitat variables:

1. Percent substrate as silt-mud
2. Percent substrate as claypan
3. Mean stream width
4. Percent pool

The following equation is utilized for prediction of biotic potential as defined by a predicted IBI (PIBI) value:

$$\text{Predicted IBI} = 40.1 - (0.126 \text{ silt-mud}) - (0.123 \text{ claypan}) \\ + (0.0424 \text{ pool}) + (0.0916 \text{ width})$$

For purposes of deriving A2 calculations, PIBI values are divided by one half. The maximum number for the PIBI value is 30.

c) DUS - Degree of Use Support -- Streams

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

Section 305(b) of the Federal Clean Water Act (33 U.S.C. 1315(b)) requires each state to prepare a biennial report which addresses, among other items, the water quality of its surface water resources and the extent to which these waters meet objectives of the Act. Surface water resources are described in terms of the degree to which they are attaining designated uses. The Degree of Use Support (DUS) for Illinois streams is described in terms as follows:

Full = Fully supporting aquatic life uses

Partial/Minor = Partially supporting aquatic life uses with minor impairment

Partial/Moderate = Partially supporting aquatic life uses with moderate impairment

Nonsupport = Not supporting aquatic life uses

The DUS is reported at 2 assessment levels: monitored and evaluated. The monitored assessment level is based on current water chemistry, sediment chemistry, biological, and habitat data collected from various Agency monitoring programs.

The evaluated assessment level is based primarily on historic data (5 years or older) or similarity of the area to monitored waters within the same basins or geographic region.

For purposes of A2 calculations, DUS assessments are incorporated as follows:

Full or Full/Threatened	=	50
Partial Minor, impact P > NP	=	45
Partial Moderate, impact P > NP	=	40
Nonsupport, impact P > NP	=	35
Partial Minor, impact P < NP	=	30
Partial Moderate, impact P < NP	=	25
Nonsupport, impact P < NP	=	20
Partial Minor, impact NP only	=	15
Partial Moderate, impact NP only	=	10
Nonsupport, impact NP only	=	5

Note: P = point source

NP = nonpoint source

The maximum number of points is 50. Aquatic life use impairments resulting primarily from point sources are given a higher priority. Full or Full/Threatened and Partial Minor assessments which are based on an evaluated level of assessment will be assigned 40 points.

For purposes of B2 and C2 calculations, the Stream Class A, B, C, D or E is assigned from the Biological Stream Characterization Summary as follows:

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

Biological Stream Characterization (BSC) summary.

STREAM CLASS	BSC CATEGORY	BIOTIC RESOURCE QUALITY DESCRIPTION
A	Unique Aquatic Resource	EXCELLENT. Comparable to the best situations without human disturbance.
B	Highly Valued Aquatic Resource	GOOD. Good fishery for important gamefish species (sauger, walleye, northern pike, black bass, panfish and catfish); species richness may be somewhat below expectations for stream size or geographic region.
C	Moderate Aquatic Resource	FAIR. Fishery consists predominantly of bullheads (Ictalurus spp.), sunfish (Lepomis spp.), and carp (Cyprinus carpio). Species diversity and number of intolerant fish reduced. Trophic structure skewed with increased frequency of omnivores, green sunfish or tolerant species.
D	Limited Aquatic Resource	POOR. Fishery predominantly for carp; fish community dominated by omnivores and tolerant forms. Intolerant macroinvertebrates rare or absent; moderate, facultative and tolerant organisms dominate benthic community. Species richness may be notably lower than expected for geographic area, stream size or available habitat.
E	Restricted Aquatic Resource	VERY POOR. Few fish of any species present; no sport fishery exists. Intolerant macroinvertebrates absent; benthic community consists of essentially tolerant forms, or no aquatic life may be present. Species richness may be restricted to a few oligochaete or chironomid taxa.

NOTICE OF ADOPTED RULES

d) DUS -- Degrees of Use Support -- Lakes & Reservoirs

Index of Biotic Integrity (IBI) and Predicted Index of Biotic Integrity (PIBI) information is not applicable to lakes and reservoirs. The A2 factor will be determined solely from the Degree of Use Support classification and point allocation contained in paragraph (c) above.

366. Appendix B Service Continuation A4 Factor Scoring Review Sheet

Scoring Elements:

A. WASTEWATER TREATMENT PLANTS:

NPDES Permit exceedance (if applicable)

BOD.....	_____
SS.....	_____
Ammonia/Nitrogen.....	_____
Phosphorus.....	_____
Dechlorination/Toxics.....	_____
Overflows/Bypasses.....	_____

Cause of exceedance _____

Work necessary to correct exceedance _____

1. Age of wastewater treatment facilities since last upgrade ... _____ years. (0.5 point for each 5 years over 20 years old).
2. Is plant concrete sound? ... Y _____ N _____. Extensive spauling of concrete must be evident to be classed unsound. (0.1 point for each 10% of the concrete thickness that is gone.)
3. If yes, is the reinforcing steel exposed? ... Y _____ N _____. (1.0 point if steel is exposed.)
4. Does the condition of the concrete pose a threat to the structural integrity of any unit process, building, or mechanical equipment in the plant or pose a safety hazard to operating personnel? ... Y _____ N _____. (If yes, 1.0 point.)
5. Is the present condition of various plant concrete structures contributing to or causing effluent violations? Y _____ N _____. (If yes, 1.0 point.)
6. Would a failure of any of the concrete structures which are in

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

poor condition cause a discharge to the waters of the state or an effluent violation? Y ___ N ___ (If yes, 1.0 point.)

7. Is corrosion of metal structures (bridges, walkways, control panels, valve vaults, handrails, etc.) at the point where a potential threat exists to continued operation of plant units or a safety threat exists for plant personnel? Y ___ N ___ (If yes, 1.0 point.)

8. Number of mechanical equipment failures during the past five years..... Causes: _____

(0.1 point for each occurrence that resulted in one unit process being out of service for at least one day; 3.0 points maximum.) ..

9. Number of mechanical equipment failures during the past year _____ Causes: _____

10. Were the mechanical failures in any way related to improper maintenance?... Y ___ N ___ (If no, then 0.1 point for each event in which a unit process was out of operation for at least one day; 2.0 points maximum.)

11. Did any of the mechanical failures result in a raw or partially treated sewage discharge to waters of the state?... Y ___ N ___ (If yes, 2.0 points.)

12. Did any of these mechanical failures result in an actual or potential safety hazard to plant personnel?... Y ___ N ___ (If yes, 1.0 point.)

13. Are there any portions of the plant which are permanently out of service due to mechanical failure or lack of availability of replacement parts due to equipment age? (0.5 point for each tank or functional unit that is no longer operational, 4 points maximum.)

14. Were these mechanical failures due to equipment design or application problems? ... Y ___ N ___ (If yes, subtract 1.0 point.)

15. Have all warranties expired? ... Y ___ N ___ (If no, subtract 1 point for each piece of equipment that is not operational for which the warranty is still in effect.)

TOTAL SCORE, WASTE TREATMENT FACILITIES.....

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

B. SEWER COLLECTION SYSTEMS:

1. Age of the original sewer system in years. ... ___ (1.0 point for each 10 years or fraction thereof over 50 years old; 3.0 points maximum.)

2. Material of construction: vitrified clay pipe (VCP) ___; reinforced concrete pipe (RCP) ___; brick ___; cast-in-place concrete (brick = one point; RCP = 0.5 point; cast-in-place = 0.5 point.) ..

3. If concrete, is there crown corrosion? ... Y ___ N ___ (If yes, 1.0 point.)

4. If yes, what percent of the pipe thickness at the crown is gone? ... ___ (1.0 point for each 25% of pipe thickness lost.)

5. If pipe is brick, percent of joint material remaining.. ___ (1.0 point for each 25% of joint material lost.)

6. If pipe is reinforced concrete pipe, or cast-in-place concrete, is the reinforcing steel exposed? ... Y ___ N ___ (If steel is exposed, 1.0 point.)

7. Have there been any cave-ins on the system in the past five years? ... Y ___ N ___ (If yes, then 0.1 point for each cave-in event; 3.0 points maximum.)

8. Have there been any cave-ins in the past year? ... Y ___ N ___ (If yes, add one additional point for each event; 3.0 points maximum.)

9. Have there been any discharges to waters of the state or basement backups as a result of any of these cave-ins? Y ___ N ___ (0.1 additional point for each overflow or basement backup event caused by pipe failures; 3.0 points maximum.)

10. Number of system overflows over the last 5 years due to dry weather surcharging ___ (associated with a non-pipe failure event i.e. tree roots, pipe settled with grit, etc.) (0.1 point for each overflow; 3.0 points maximum.)

11. Number of homes experiencing basement backups over the last 5 years due to dry weather surcharging ___ (non-pipe failure event); (0.5 point for each 50 homes or fraction thereof, 5.0 points maximum.)

12. Percent of system that is combined sewers: ___% (For sewer separation projects, 1.0 point for each 10% of the entire system

ENVIRONMENTAL PROTECTION AGENCY

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

NOTICE OF ADOPTED RULES

or fraction thereof that will be separated by the proposed project; 5.0 points maximum.)

TOTAL SCORE SEWER COLLECTION SYSTEMS

C. COLLECTION SYSTEM LIFT STATIONS:

1. Percent of lift stations on the system that are over 20 years old _____. (1.0 point for each 25% of the total stations or fraction thereof over 20 years old; 4.0 points maximum.)
2. Are all stations equipped with alarms? Y _____ N _____. (No = 1.0 point.)
3. Number of homes experiencing backups over the last 5 years due to lift station failures or power outages _____. (1.0 point for each 50 homes or fraction thereof; 4.0 points maximum.)
4. Number of system overflows over the last five years due to lift station failures or power outages _____. (0.1 point for each overflow event; 4.0 points maximum.)
5. Percent of total station pumping capacity that is out of service due to obsolete equipment _____. (1.0 point for each 10% of total capacity that is out because of inability to get replacement equipment; 2.0 points maximum.)
6. Do all pumping stations have standby power or alternate means of pumping during power failures as required? Y _____ N _____. (If no, 0.5 point for each station not properly equipped that will be upgraded by this project; 2.0 points maximum.)
7. How many lift stations have equipment or structural deterioration problems which contribute to operational problems or safety hazards to operating personnel? _____. (0.5 point for each station that will have these problems corrected by the proposed project; maximum 2.0 points.)

TOTAL SCORE FOR LIFT STATIONS

Reviewer _____

Date _____

366. Appendix C Excellence of Operation Scoring Review Sheet for Local Government Units That Own Wastewater Treatment Facilities

This scoring sheet will be used to rate those projects which have demonstrated excellence in the maintenance and operation of existing wastewater treatment facilities. The scoring factors are as follows:

A. PROCESS PERFORMANCE AND CONTROL:

1. Plant performance compared to permit limit requirements. (If both BOD/SS are consistently 20% below permit limits, 2.0 points; if 40% or more below limits, 3.0 points.)
2. How long has the plant been producing an effluent no greater than 80% of its permit limits? (If at least 5 years, 1.0 point; if 10 or more years, 2.0 points.)
3. Current plant loading as a percentage of the design capacity. (If the current average daily load is 80 to 90% of design capacity, 0.5 point; if 90 to 100%; 2.0 points; if over 100%, 3.0 points.)
4. Does the operator use laboratory data to make appropriate process control adjustments? (If yes, 1.0 point.)
5. Is the effluent quality consistent during the entire range of plant flows? (If it is within permit limits at all flows, 1.0 point.)
6. Is the sludge quality acceptable for land application? (If a land application permit has been issued, 1.0 point.)
7. Is the process subject to process upsets? (If there have been no process upsets due to discharges into the sewer system in the last 5 years, 0.5 point.)
8. For processes using the activated sludge process, is microscopic analysis used for process monitoring? (If yes, 0.5 point.)

TOTAL PROCESS PERFORMANCE AND CONTROL

B. MAINTENANCE:

1. How long have mechanical equipment and structures been in service without a failure that affected plant performance? (Over 5 years, 0.5 point; over 10 years, 1.0 point; 20 or more years, 2.0 points.)

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

2. Are the plant grounds, buildings, and equipment well-maintained (grass cut, equipment and buildings painted, etc.)? (If yes, 0.5 point.)
3. Does the plant have a routine preventative maintenance program? (If yes, 1.0 point.)
4. Does the plant have a spare parts inventory? (If yes, 0.5 point.)
- TOTAL MAINTENANCE
- C. ADMINISTRATION:
1. Does the operating agency control industrial discharges into the sewer system that may adversely affect the treatment process, sludge or effluent quality or pose a safety hazard to system workers? (If a local ordinance exists, 0.5 point; if there is an approved local pretreatment program, 1.0 point.) ..
2. Are all self-monitoring reports and other reports required by permit conditions submitted on time? (If they are, 0.5 point.) ..
3. Are all financial reporting requirements submitted in accordance with permit conditions? (If they are, 0.5 point.)
4. Does the chief operator have the proper level of certification required by Title 35, Subtitle C of the Illinois Pollution Control Board Regulations? (If yes, 0.5 point.)
5. Has the plant been issued an Agency safety certificate during the past year? (If yes, 0.5 point.)
6. Does the plant have an emergency plan to respond to hazardous material emergencies? (If yes, 0.5 point.)
7. Does the plant manager prepare an annual report to the board or council on annual facility performance which includes budget needs for the coming year? (If yes, 0.5 point.)
8. Is revenue being accumulated for annual O & M needs and equipment replacement? (If yes, 0.5 point.)
- TOTAL ADMINISTRATION
- TOTAL ALL CATEGORIES
- TOTAL

Reviewer

Date

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

366. Appendix D Excellence of Operation Scoring Review Sheet for Local Government Units That Own Only Wastewater Collection Facilities

This scoring sheet will be used to rate those projects which have demonstrated excellence in the maintenance and operation of existing wastewater treatment facilities. The scoring factors are as follows:

A. COLLECTION SYSTEM PERFORMANCE AND CONTROL:

1. When was the original collection system installed? (0.2 points will be awarded for each 10 years over 20 years old for the original system to a maximum of 1.0 point.)
2. If there have been no basement backups reported in the last year, 1.0 point; in the last five years, 2.0 points; in the last 10 years, 3.0 points.
3. If there have been no sewer system overflows to waters of the State, (i.e.; wet well overflows at lift stations, manhole overflow, etc.) 0.4 point per year to a 4.0 point maximum.
4. If there are lift stations on the collection system, are they all equipped with a standby generator or alternate means of pumping in case of a power outage? (If yes, 1.0 point.)
5. If all lift station wet wells are equipped with high water alarms, 1.0 point.
6. Do any portions of the collection system flow at full capacity during wet weather periods? (If no, then 1.0 point.)

TOTAL FOR COLLECTION SYSTEM PERFORMANCE

B. MAINTENANCE:

1. If there is a program for systematic inspection and cleaning of all sewer system lines, 1.0 point.
2. Have there been any television inspections of the system during the past five years? (If so, 1.0 point.)
3. If there is a systematic preventative maintenance program for all lift stations on the system, 1.0 point.
4. If there is a spare parts inventory for all lift stations, 1.0 point.

TOTAL FOR SYSTEM MAINTENANCE

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

C. ADMINISTRATION:

1. Does the operating agency maintain a current sewer atlas? (If yes, 1.0 point.)
 2. Does the operating agency have a program to prohibit downspouts, footing drains, and other clean water connections to the sanitary sewer system? (If yes, 1.0 point.)
 3. Is there a program for local inspection and enforcement of sewer use ordinances to prohibit downspout and footing or area drain connections? (If yes, 1.0 point.)
 4. Does the operating agency have an ordinance to regulate the types of wastes discharged into its collection system? (If yes, 1.0 point.)
 5. Does the operating agency have a safety program for its collection system maintenance crews? (If so, 1.0 point.)
- TOTAL FOR SYSTEM ADMINISTRATION
- TOTAL SCORE FOR ALL CATEGORIES
- Reviewer _____ Date _____

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part:

The Illinois Formulary for the Drug Product Selection Program

2) Code Citation:

77 Ill. Adm. Code 790

3) Section Numbers:

790.1200
790.1560
790.2097
790.2140
790.2603
790.2618
790.3054
790.3340
790.3420
790.3910
790.4720
790.5220
790.5312
790.5830
790.5837
790.6435
790.6875
790.8900
790.9048
790.9084
790.9320

Adopted Action:

Repealer
Amendment
Amendment
Amendment
Amendment
Amendment
Amendment
Amendment
Amendment
Amendment
Amendment
Repealer
Amendment
Amendment
Amendment
Amendment

4) Statutory Authority:

Implementing and authorized by Section 3.14 of the Illinois Food, Drug and Cosmetic Act (Ill. Rev. Stat. 1987, ch. 56 1/2, par. 503.14) and Section 25 of the Pharmacy Practice Act (Ill. Rev. Stat. 1987, ch. 111, par. 4145).

5) Effective Date of Rules:

May 11, 1990

6) Does this Rulemaking Contain an Automatic Repeal Date? No

7) Does this Rulemaking Contain Any Incorporations by Reference? No

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTSDEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

8) Date Filed in Agency's Principal Office:

May 11, 1990

9) Date Notice(s) of Proposal was Published in Illinois Register:

January 19, 1990 - 14 Ill. Reg. 1220

10) Has the Joint Committee on Administrative Rules issued a Statement of Objections to this/these Rules? No

11) Difference Between Proposal and Final Version:

The following changes were made in response to comments received during the first notice or public comment period:

On Section 790.2603, Clindamycin Hydrochloride, the brand name entity Cleocin was deleted because the generic capsules by Vitarine were deleted, making it single source. The Illinois Formulary does not list single source products. A new generic manufacturer for Clindamycin Hydrochloride was included in the 11th edition emergency rulemaking published at 14 Ill. Reg. 4620, effective March 9, 1990 for a maximum of 150 days. Thus Cleocin was no longer single source, and was also reinstated in the emergency rulemaking.

The following changes were made in response to comments and suggestions of the Joint Committee on Administrative Rules:

No changes were suggested by the Joint Committee on Administrative Rules.

12) Have all the changes agreed upon by the Agency and the Joint Committee been made as indicated in the agreement letter issued by the Joint Committee?

The Department has made all the changes to which it agreed with the Joint Committee.

13) Will the Rules Replace an Emergency Rule Currently in Effect? Yes

14) Are there any other Amendments Pending on this Part? Yes

If Yes:

Section Numbers	Proposed Action	Ill. Reg. Citation
790.80 790.500	Amendment	14 Ill. Reg. 4437 14 Ill. Reg. 4437

790.548	Amendment	14 Ill. Reg. 4437
790.620	Amendment	14 Ill. Reg. 4437
790.740	Amendment	14 Ill. Reg. 4437
790.860	Amendment	14 Ill. Reg. 4437
790.900	Amendment	14 Ill. Reg. 4437
790.1060	Amendment	14 Ill. Reg. 4437
790.1300	Amendment	14 Ill. Reg. 4437
790.1420	Amendment	14 Ill. Reg. 4437
790.1660	Amendment	14 Ill. Reg. 4437
790.1686	Amendment	14 Ill. Reg. 4437
790.1700	Amendment	14 Ill. Reg. 4437
790.1740	Amendment	14 Ill. Reg. 4437
790.1858	Amendment	14 Ill. Reg. 4437
790.1950	New Section	14 Ill. Reg. 4437
790.2097	Amendment	14 Ill. Reg. 4437
790.2260	Amendment	14 Ill. Reg. 4437
790.2380	Amendment	14 Ill. Reg. 4437
790.2460	Amendment	14 Ill. Reg. 4437
790.2462	New Section	14 Ill. Reg. 4437
790.2500	Amendment	14 Ill. Reg. 4437
790.2540	Amendment	14 Ill. Reg. 4437
790.2580	Amendment	14 Ill. Reg. 4437
790.2603	Amendment	14 Ill. Reg. 4437
790.2614	Amendment	14 Ill. Reg. 4437
790.2618	Amendment	14 Ill. Reg. 4437
790.2661	New Section	14 Ill. Reg. 4437
790.2662	New Section	14 Ill. Reg. 4437
790.2780	Amendment	14 Ill. Reg. 4437
790.3025	Amendment	14 Ill. Reg. 4437
790.3032	Amendment	14 Ill. Reg. 4437
790.3033	Amendment	14 Ill. Reg. 4437
790.3049	Amendment	14 Ill. Reg. 4437
790.3051	Amendment	14 Ill. Reg. 4437
790.3140	Amendment	14 Ill. Reg. 4437
790.3300	Amendment	14 Ill. Reg. 4437
790.3492	Amendment	14 Ill. Reg. 4437
790.3540	Amendment	14 Ill. Reg. 4437
790.3742	Amendment	14 Ill. Reg. 4437
790.3910	Amendment	14 Ill. Reg. 4437
790.3940	Amendment	14 Ill. Reg. 4437
790.3945	Amendment	14 Ill. Reg. 4437
790.4060	Amendment	14 Ill. Reg. 4437
790.4180	Amendment	14 Ill. Reg. 4437
790.4220	Amendment	14 Ill. Reg. 4437
790.4384	New Section	14 Ill. Reg. 4437
790.4396	Amendment	14 Ill. Reg. 4437
790.4430	Amendment	14 Ill. Reg. 4437

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

790.4580	Amendment	14	111.	Reg.	4437
790.4660	Amendment	14	111.	Reg.	4437
790.4665	Amendment	14	111.	Reg.	4437
790.4667	Amendment	14	111.	Reg.	4437
790.4670	Amendment	14	111.	Reg.	4437
790.4700	Amendment	14	111.	Reg.	4437
790.4725	New Section	14	111.	Reg.	4437
790.4728	New Section	14	111.	Reg.	4437
790.5020	Amendment	14	111.	Reg.	4437
790.5060	Amendment	14	111.	Reg.	4437
790.5140	Amendment	14	111.	Reg.	4437
790.5300	Amendment	14	111.	Reg.	4437
790.5340	Amendment	14	111.	Reg.	4437
790.5420	Amendment	14	111.	Reg.	4437
790.5500	Amendment	14	111.	Reg.	4437
790.5620	Amendment	14	111.	Reg.	4437
790.5740	Amendment	14	111.	Reg.	4437
790.5820	Amendment	14	111.	Reg.	4437
790.5860	Amendment	14	111.	Reg.	4437
790.5872	Amendment	14	111.	Reg.	4437
790.5900	Amendment	14	111.	Reg.	4437
790.5940	Amendment	14	111.	Reg.	4437
790.6140	Amendment	14	111.	Reg.	4437
790.6180	Amendment	14	111.	Reg.	4437
790.6570	Amendment	14	111.	Reg.	4437
790.6580	Amendment	14	111.	Reg.	4437
790.6620	Amendment	14	111.	Reg.	4437
790.6621	Repealer	14	111.	Reg.	4437
790.6780	Amendment	14	111.	Reg.	4437
790.6820	Amendment	14	111.	Reg.	4437
790.6940	Amendment	14	111.	Reg.	4437
790.6980	Amendment	14	111.	Reg.	4437
790.7100	Amendment	14	111.	Reg.	4437
790.7120	Amendment	14	111.	Reg.	4437
790.7140	Amendment	14	111.	Reg.	4437
790.7160	New Section	14	111.	Reg.	4437
790.7180	Amendment	14	111.	Reg.	4437
790.7260	Amendment	14	111.	Reg.	4437
790.7278	Amendment	14	111.	Reg.	4437
790.7280	Amendment	14	111.	Reg.	4437
790.7284	Amendment	14	111.	Reg.	4437
790.7400	Amendment	14	111.	Reg.	4437
790.7500	Amendment	14	111.	Reg.	4437
790.7540	Amendment	14	111.	Reg.	4437
790.7700	Amendment	14	111.	Reg.	4437
790.7740	Amendment	14	111.	Reg.	4437
790.7820	Amendment	14	111.	Reg.	4437

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

790.7828	Amendment	14	111.	Reg.	4437
790.7834	Amendment	14	111.	Reg.	4437
790.7860	Amendment	14	111.	Reg.	4437
790.8015	Amendment	14	111.	Reg.	4437
790.8020	Amendment	14	111.	Reg.	4437
790.8060	Amendment	14	111.	Reg.	4437
790.8136	Amendment	14	111.	Reg.	4437
790.8232	Amendment	14	111.	Reg.	4437
790.8290	Amendment	14	111.	Reg.	4437
790.8300	Amendment	14	111.	Reg.	4437
790.8378	Amendment	14	111.	Reg.	4437
790.8460	Amendment	14	111.	Reg.	4437
790.8540	Amendment	14	111.	Reg.	4437
790.8660	Amendment	14	111.	Reg.	4437
790.8700	Amendment	14	111.	Reg.	4437
790.8900	Amendment	14	111.	Reg.	4437
790.8940	Amendment	14	111.	Reg.	4437
790.9020	Amendment	14	111.	Reg.	4437
790.9045	Amendment	14	111.	Reg.	4437
790.9060	Amendment	14	111.	Reg.	4437
790.9084	Amendment	14	111.	Reg.	4437
790.9180	Amendment	14	111.	Reg.	4437
790.9340	Amendment	14	111.	Reg.	4437
790.9380	Amendment	14	111.	Reg.	4437
790.9420	Amendment	14	111.	Reg.	4437
790.9800	Amendment	14	111.	Reg.	4437

There is still an emergency in effect on Sections 790.2097, 790.2603, 790.2618, 790.3910, 790.8900 and 790.9084 which is not affected by this set of adopted amendments. The emergency amendments appear at 14 Ill. Reg. 4620, effective March 9, 1990, for a maximum of 150 days. The copies filed in the Administrative Code Unit reflect both the emergency amendments and these adopted amendments.

15)

Summary and Purpose of Rules:

The Department proposes to amend various sections of the Illinois Formulary for the Drug Product Selection Program. These rules are promulgated on the basis of changes in the Food and Drug Administration's recommendation of these drug entities for Drug Product Selection. These changes were published in the Tenth Edition, Third Supplement of the Illinois Formulary. In accordance with the provisions of Public Act 85-451, these changes were published in the Illinois Register as emergency amendments, effective January 12, 1990.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

- 16) Information and Questions regarding this Adopted Rulemaking shall be directed to:

Mr. Robert John Kane, Division of Governmental Affairs, Department of Public Health, 525 West Jefferson, Second Floor, Springfield, Illinois 62761, 217/782-6187.

The full text of the Adopted Amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER m: FOOD, DRUGS AND COSMETICS

PART 790

THE ILLINOIS FORMULARY FOR THE DRUG PRODUCT SELECTION PROGRAM

SUBPART A: GENERAL PROVISIONS

SECTION	Introduction
790.20	Consideration of Drug Products for Inclusion
790.40	in the Illinois Formulary
	Additional Criteria
790.60	Quality Listing
790.80	
EMERGENCY	
790.100	Generic Drug Entity Headings
790.120	Comments and Specific Administration
790.140	Requests for Additional Copies
790.160	Prescription Use of Drug Products
790.180	FDA Drug Product Approval and Recommendation
790.200	Availability of Drug Products;
	Pharmaceutical Equivalence
790.220	Single Source Drug Products Exclusion
790.240	Criteria for Exclusion of Drug Products
790.260	Inclusion of Controlled Substances
790.280	Equivalence of Products Requirements
790.300	Selection of Equivalent Drug Products
790.320	Transfer of Prescription Records

SUBPART B: APPROVED DRUG PRODUCTS FOR
DRUG PRODUCT SELECTION

SECTION	ACETAMINOPHEN; BUTALBITAL
790.420	ACETAMINOPHEN; BUTALBITAL; CAFFEINE
790.460	ACETAMINOPHEN; CAFFEINE; DIHYDROCODEINE BITARTRATE
790.480	ACETAMINOPHEN; CODEINE PHOSPHATE
790.500	
EMERGENCY	
790.540	ACETAMINOPHEN; HYDROCODONE BITARTRATE
790.548	ACETAMINOPHEN; OXYCODONE HYDROCHLORIDE
EMERGENCY	
790.580	ACETAMINOPHEN; PROPOXYPHENE HYDROCHLORIDE
790.600	ACETAMINOPHEN; PROPOXYPHENE NAPSYLATE

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

790.620
EMERGENCY

ACETAZOLAMIDE

790.630

ACETAZOLAMIDE SODIUM

790.660

ACETIC ACID, GLACIAL

790.700

ACETIC ACID, GLACIAL; HYDROCORTISONE

790.706

ACETOHEXAMIDE

790.721

ACETYLCYSTEINE

790.740

ALBUTEROL SULFATE

EMERGENCY

ALCOHOL; DEXTROSE

790.756

ALLOPURINOL

790.780

AMANTADINE HYDROCHLORIDE

790.798

AMILORIDE HYDROCHLORIDE

790.799

AMILORIDE HYDROCHLORIDE; HYDROCHLOROTHIAZIDE

790.815

AMINOCACETIC ACID (Repealed)

790.820

AMINOCAPROIC ACID

790.860

AMINOPHYLLINE

EMERGENCY

AMITRIPTYLINE HYDROCHLORIDE

790.900

AMITRIPTYLINE HYDROCHLORIDE; CHLORDIAZEPOXIDE

EMERGENCY

AMITRIPTYLINE HYDROCHLORIDE; PERPHENAZINE

790.905

AMOXAPINE

790.920

AMOXICILLIN TRIHYDRATE

790.940

AMPHOTERICIN B

790.974

AMPICILLIN SODIUM

790.980

AMPICILLIN; PROBENECID

790.1020

AMPICILLIN/AMPCILLIN TRIHYDRATE

EMERGENCY

ANISOTROPINE METHYLBROMIDE (Repealed)

790.1100

ASCORBIC ACID; BIOTIN; CYANOCOBALAMIN; DEXPANTHENOL;

790.1120

ERGOCALCIFEROL; FOLIC ACID; NIACINAMIDE; PYRIDOXINE

790.1125

HYDROCHLORIDE; RIBOFLAVIN PHOSPHATE SODIUM; THIAMINE

790.1127

HYDROCHLORIDE; VITAMIN A; VITAMIN E

790.1129

ASCORBIC ACID; CYANOCOBALAMIN; FLUORIDE; IRON; NICOTINIC ACID;

790.1131

PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE HYDROCHLORIDE;

790.1140

VITAMIN A; VITAMIN D; VITAMIN E

790.1180

ASCORBIC ACID; FLUORIDE; IRON; VITAMIN A; VITAMIN D

790.1200

ASPIRIN; BUTALBITAL; CAFFEINE

790.1220

ASPIRIN; BUTALBITAL; CAFFEINE; PHENACETIN (Repealed)

ASPIRIN; CAFFEINE; ORPHENADRINE CITRATE (Repealed)

ASPIRIN; CAFFEINE; PHENACETIN; PROPOXYPHENE HYDROCHLORIDE

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

790.1260

ASPIRIN; CAFFEINE; PHENACETIN; PROPOXYPHENE HYDROCHLORIDE (Repealed)

790.1300

ASPIRIN; CAFFEINE; PROPOXYPHENE HYDROCHLORIDE

EMERGENCY

790.1345

ASPIRIN; CARISOPRODOL

790.1360

ASPIRIN; MEPROBAMATE

790.1380

ASPIRIN; METHOCARBAMOL

790.1386

ASPIRIN; OXYCODONE HYDROCHLORIDE; OXYCODONE TEREPHTHALATE

790.1418

ATROPINE

790.1420

ATROPINE SULFATE; DIPHENOXYLATE HYDROCHLORIDE

EMERGENCY

790.1423

ATROPINE SULFATE; HYOSCYAMINE; PHENOBARBITAL; SCOPOLAMINE

790.1425

HYDROBROMIDE

790.1440

ATROPINE SULFATE; MEPERIDINE HYDROCHLORIDE

790.1460

AZATHIOPRINE SODIUM

790.1490

BACITRACIN

790.1500

BACITRACIN ZINC; HYDROCORTISONE; NEOMYCIN SULFATE; POLYMYXIN B

790.1540

SULFATE

790.1560

BACITRACIN ZINC; NEOMYCIN SULFATE; POLYMYXIN B SULFATE

790.1570

BACITRACIN ZINC; POLYMYXIN B SULFATE

790.1577

BENZOTROPINE MESYLATE

790.1580

BETAMETHASONE DIPROPIONATE

790.1620

BETAMETHASONE SODIUM PHOSPHATE

790.1660

BETAMETHASONE VALERATE

EMERGENCY

790.1685

BETHANECHOL CHLORIDE

790.1686

BETHANECHOL CHLORIDE

EMERGENCY

790.1697

BETHANECHOL CHLORIDE

790.1700

BETHANECHOL CHLORIDE

EMERGENCY

790.1706

BETHANECHOL CHLORIDE

790.1708

BETHANECHOL CHLORIDE

790.1710

BETHANECHOL CHLORIDE

790.1719

BETHANECHOL CHLORIDE

790.1721

BETHANECHOL CHLORIDE

790.1740

BETHANECHOL CHLORIDE

EMERGENCY

790.1780

BETHANECHOL CHLORIDE

790.1820

BETHANECHOL CHLORIDE

790.1842

BETHANECHOL CHLORIDE

790.1846

BETHANECHOL CHLORIDE

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

790.1848 CALCIUM CHLORIDE; DEXTROSE; POTASSIUM CHLORIDE; SODIUM CHLORIDE; SODIUM LACTATE
 790.1856 CALCIUM CHLORIDE; POTASSIUM CHLORIDE; SODIUM CHLORIDE
 790.1858 CALCIUM CHLORIDE; POTASSIUM CHLORIDE; SODIUM CHLORIDE;
 EMERGENCY SODIUM LACTATE
 790.1860 CALCIUM GLUCEPTATE
 790.1900 CANDICIDIN (Repeated)
 790.1930 CARBAMAZEPINE
 790.1940 CARBENICILLIN DISODIUM
 790.1980 CARISOPRODOL
 790.2020 CEFADROXIL MONOHYDRATE
 790.2060 CEFADZOLIN SODIUM
 790.2084 CEFTAZIDIME
 790.2092 CEFUROXIME SODIUM
 790.2097 CEPHALEXIN
 EMERGENCY
 790.2100 CEPHALOTHIN SODIUM
 790.2130 CEPHAPIRIN SODIUM
 790.2140 CEPHRADINE/CEPHRADINE DIHYDRATE
 790.2180 CHLORAMPHENICOL
 790.2220 CHLORAMPHENICOL SODIUM SUCCINATE
 790.2260 CHLORDIAZEPOXIDE HYDROCHLORIDE
 EMERGENCY
 790.2300 CHLORMEZANONE (Repeated)
 790.2340 CHLOROQUINE PHOSPHATE
 790.2380 CHLOROTHIAZIDE
 EMERGENCY
 790.2390 CHLOROTHIAZIDE; METHYLDOPA
 790.2420 CHLOROTRIANISENE
 790.2460 CHLORPHENIRAMINE MALEATE
 EMERGENCY
 790.2465 CHLORPHENIRAMINE MALEATE; PHENYLEPHRINE HYDROCHLORIDE;
 PHENYLPROPANOLAMINE HYDROCHLORIDE; PHENYLTOXAMINE CITRATE
 CHLORPHENIRAMINE MALEATE; PHENYLPROPANOLAMINE HYDROCHLORIDE
 CHLORPROMAZINE HYDROCHLORIDE
 790.2470 CHLORPROPAMIDE
 790.2500 CHLOROTHALIDONE
 EMERGENCY
 790.2510 CHLOROTHALIDONE; CLONIDINE HYDROCHLORIDE
 790.2540 CHLORZOXAZONE
 EMERGENCY
 790.2555 CHROMIC CHLORIDE
 790.2580 CITRIC ACID; MAGNESIUM OXIDE; SODIUM CARBONATE
 EMERGENCY
 790.2583 CLINDAMYCIN HYDROCHLORIDE
 790.2595 CLINDAMYCIN HYDROCHLORIDE
 790.2603 CLINDAMYCIN PHOSPHATE
 EMERGENCY
 790.2605

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

790.2613 CLOFIBRATE
 790.2614 CLOMIPHENE CITRATE
 EMERGENCY
 790.2617 CLONIDINE HYDROCHLORIDE
 790.2618 CLORAZEPATE DIPOTASSIUM
 EMERGENCY
 790.2620 CLOTRIMAZOLE
 790.2660 CLOXACILLIN SODIUM MONOHYDRATE
 790.2663 CODEINE PHOSPHATE; PHENYLEPHRINE HYDROCHLORIDE;
 PROMETHAZINE HYDROCHLORIDE
 790.2668 CODEINE PHOSPHATE; PROMETHAZINE HYDROCHLORIDE
 790.2672 CODEINE PHOSPHATE; PSEUDOEPHEDRINE HYDROCHLORIDE;
 TRIPROLIDINE HYDROCHLORIDE
 790.2700 CORTICOTROPIN
 790.2740 CROTAMITON
 790.2780 CYANOCOBALAMIN
 EMERGENCY
 790.2800 CYCLACILLIN
 790.2805 CYCLOBENZAPRINE HYDROCHLORIDE
 790.2820 CYCLOPENTOLATE HYDROCHLORIDE
 790.2860 CYCLOPHOSPHAMIDE
 790.2900 CYPROHEPTADINE HYDROCHLORIDE
 790.2902 CYTARABINE
 790.2904 DACARBAZINE
 790.2908 DANAZOL
 790.2928 DESIPRAMINE HYDROCHLORIDE (Repeated)
 790.2932 DESONIDE
 790.2940 DEXAMETHASONE
 790.2980 DEXAMETHASONE; NEOMYCIN SULFATE; POLYMYXIN B SULFATE
 790.3020 DEXAMETHASONE SODIUM PHOSPHATE
 790.3021 DEXAMETHASONE SODIUM PHOSPHATE; NEOMYCIN SULFATE
 790.3023 DEXCHLORPHENIRAMINE MALEATE
 790.3025 DEXTROAMPHETAMINE SULFATE
 EMERGENCY
 790.3027 DEXTROMETHORPHAN HYDROBROMIDE; IODINATED GLYCEROL
 790.3028 DEXTROMETHORPHAN HYDROBROMIDE; PROMETHAZINE HYDROCHLORIDE
 790.3029 DEXTROSE
 790.3030 DEXTROSE; DOPAMINE HYDROCHLORIDE
 790.3032 DEXTROSE; HEPARIN SODIUM
 EMERGENCY
 790.3033 DEXTROSE; LIDOCAINE HYDROCHLORIDE
 EMERGENCY
 790.3038 DEXTROSE; MAGNESIUM CHLORIDE; POTASSIUM CHLORIDE;
 SODIUM ACETATE; SODIUM CHLORIDE; SODIUM GLUCONATE
 790.3042 DEXTROSE; POTASSIUM CHLORIDE
 790.3048 DEXTROSE; POTASSIUM CHLORIDE; SODIUM CHLORIDE

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

790.3049 DEXTROSE; SODIUM CHLORIDE
EMERGENCY
790.3051 DEXTROSE; THEOPHYLLINE
EMERGENCY
790.3054 DIAZEPAM
790.3056 DIAZOXIDE
790.3060 DICLOXACILLIN SODIUM
790.3085 DICLOXIMINE HYDROCHLORIDE
790.3100 DIENESTROL
790.3140 DIETHYLPROPION HYDROCHLORIDE
EMERGENCY
790.3220 DIETHYLSTILBESTROL
790.3180 DIGOXIN
790.3260 DIMENHYDRINATE
790.3300 DIPHENHYDRAMINE HYDROCHLORIDE
EMERGENCY
790.3315 DISOPYRAMIDE PHOSPHATE
790.3335 DOPAMINE HYDROCHLORIDE
790.3340 DOXEPIN HYDROCHLORIDE
790.3350 DOXORUBICIN HYDROCHLORIDE
790.3380 DOXYCYCLINE
790.3420 DOXYCYCLINE HYCLATE
790.3425 DOXYLAMINE SUCCINATE
790.3437 DROPERIDOL
790.3440 DROPERIDOL; FENTANYL CITRATE
790.3460 ECHOTHIOPHATE IODIDE (Repealed)
790.3472 EDETATE DISODIUM
790.3475 EDROPHONIUM CHLORIDE
790.3492 EPINEPHRINE; LIDOCAINE HYDROCHLORIDE
EMERGENCY
790.3500 ERGOCALCIFEROL
790.3540 ERGOLOID MESYLATES
EMERGENCY
790.3580 ERGOTAMINE TARTRATE
790.3620 ERYTHROMYCIN
790.3660 ERYTHROMYCIN ESTOLATE
790.3700 ERYTHROMYCIN ETHYLSUCCINATE
790.3720 ERYTHROMYCIN ETHYLSUCCINATE; SULFISOXAZOLE ACETYL
790.3730 ERYTHROMYCIN LACTOBIONATE
790.3740 ERYTHROMYCIN STEARATE
790.3742 ERYTHROMYCIN STEARATE
EMERGENCY
790.3780 ESTRADIOL CYPIONATE
790.3800 ESTRADIOL CYPIONATE; TESTOSTERONE CYPIONATE
790.3820 ESTRADIOL VALERATE
790.3860 ESTRADIOL VALERATE; TESTOSTERONE ENANTHATE
790.3900 ETHCHLORVYNOL

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

790.3907 ETHINYL ESTRADIOL; NORETHINDRONE
790.3910 FENOPROFEN CALCIUM
EMERGENCY
790.3920 FLOXURIDINE
790.3940 FLUOCINOLONE ACETONIDE
EMERGENCY
790.3945 FLUOCINONIDE
EMERGENCY
790.3960 FLUOROMETHOLONE
790.3980 FLUOROURACIL
790.3996 FLUPHENAZINE DECANOATE
790.4012 FLUPHENAZINE HYDROCHLORIDE
790.4020 FLURANDRENOLIDE
790.4040 FLURAZEPAM HYDROCHLORIDE
790.4060 FOLIC ACID
EMERGENCY
790.4100 FUROSEMIDE
790.4140 GENTAMICIN SULFATE
790.4150 GENTAMICIN SULFATE; SODIUM CHLORIDE
790.4173 GLUCAGON HYDROCHLORIDE
790.4180 GLUTETHIMIDE
EMERGENCY
790.4200 GLYCINE
790.4220 GLYCOPYRROLATE
EMERGENCY
790.4260 GONADOTROPIN CHORIONIC
790.4300 GRAMICIDIN; NEOMYCIN SULFATE; POLYMYXIN B SULFATE
790.4340 GRISEOFULVIN MICROCRYSTALLINE
790.4380 GRISEOFULVIN ULTRAMICROCRYSTALLINE
790.4386 GUANETHIDINE MONOSULFATE
790.4396 HALOPERIDOL
EMERGENCY
790.4398 HALOPERIDOL LACTATE
790.4420 HEPARIN SODIUM
790.4430 HEPARIN SODIUM; SODIUM CHLORIDE
EMERGENCY
790.4460 HEXACHLOROPHENE
790.4500 HOMATROPINE METHYLBROMIDE (Repealed)
790.4540 HOMATROPINE METHYLBROMIDE; HYDROCODONE BITARTRATE
790.4580 HYDRALAZINE HYDROCHLORIDE
EMERGENCY
790.4620 HYDRALAZINE HYDROCHLORIDE; HYDROCHLOROTHIAZIDE
790.4660 HYDROCHLOROTHIAZIDE
EMERGENCY
790.4665 HYDROCHLOROTHIAZIDE; LABETALOL HYDROCHLORIDE
EMERGENCY

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

790.4667 HYDROCHLOROTHIAZIDE; LISINAPRIL
EMERGENCY
790.4670 HYDROCHLOROTHIAZIDE; METHYLDOPA
EMERGENCY
790.4680 HYDROCHLOROTHIAZIDE; PROPRANOLOL HYDROCHLORIDE
790.4700 HYDROCHLOROTHIAZIDE; SPIRONOLACTONE
EMERGENCY
790.4720 HYDROCHLOROTHIAZIDE; TRIAMTERENE
790.4740 HYDROCORTISONE
790.4780 HYDROCORTISONE; NEOMYCIN SULFATE; POLYMYXIN B SULFATE
790.4820 HYDROCORTISONE; POLYMYXIN B SULFATE
790.4840 HYDROCORTISONE SODIUM PHOSPHATE
790.4860 HYDROCORTISONE; UREA
790.4900 HYDROCORTISONE ACETATE
790.4940 HYDROCORTISONE ACETATE; NEOMYCIN SULFATE
790.4960 HYDROCORTISONE ACETATE; PRAMOXINE HYDROCHLORIDE
790.4963 HYDROCORTISONE ACETATE; UREA
790.4965 HYDROCORTISONE BUTYRATE
790.4980 HYDROCORTISONE SODIUM SUCCINATE
790.5020 HYDROFLUMETHIAZIDE
EMERGENCY
790.5060 HYDROXOCOBALAMIN
EMERGENCY
790.5100 HYDROXYPROGESTERONE CAPROATE
790.5140 HYDROXYZINE HYDROCHLORIDE
EMERGENCY
790.5180 HYDROXYZINE PAMOATE
790.5220 IBUPROFEN
790.5260 IDOXURIDINE
790.5300 IMIPRAMINE HYDROCHLORIDE
EMERGENCY
790.5312 INDOMETHACIN
790.5320 IODINATED GLYCEROL
790.5340 IRON DEXTRAN COMPLEX
EMERGENCY
790.5380 ISOETHARINE HYDROCHLORIDE
790.5420 ISONIAZID
EMERGENCY
790.5460 ISOPROTERENOL HYDROCHLORIDE
790.5483 ISOSORBIDE DINITRATE
790.5500 KANAMYCIN SULFATE
EMERGENCY
790.5520 KETAMINE HYDROCHLORIDE
790.5530 LABETALOL HYDROCHLORIDE
790.5540 LACTULOSE
790.5544 LEUCOVORIN CALCIUM
790.5555 LEVOCARNITINE

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

790.5560 LEVONORDEFRIN; MEPIVICAINE HYDROCHLORIDE
790.5580 LIDOCAINE
790.5620 LIDOCAINE HYDROCHLORIDE
EMERGENCY
790.5640 LINCOMYCIN
790.5660 LINDANE
790.5700 LIOTHYRONINE SODIUM
790.5720 LISINAPRIL
790.5740 LITHIUM CARBONATE
EMERGENCY
790.5780 LITHIUM CITRATE
790.5792 LORAZEPAM
790.5795 LOXAPINE SUCCINATE
790.5800 MAGNESIUM CHLORIDE; POTASSIUM CHLORIDE; SODIUM ACETATE;
SODIUM CHLORIDE; SODIUM GLUCONATE
790.5802 MANNITOL
790.5807 MAPROTILINE HYDROCHLORIDE
790.5820 MECLIZINE HYDROCHLORIDE
EMERGENCY
790.5830 MECLOFENAMATE SODIUM
790.5835 MEDROXYPROGESTERONE ACETATE
790.5837 MEFENAMIC ACID (Repealed)
790.5840 MEGESTROL ACETATE
790.5860 MENADIOL SODIUM PHOSPHATE
EMERGENCY
790.5872 MEPERIDINE HYDROCHLORIDE
EMERGENCY
790.5893 MEPIVICAINE HYDROCHLORIDE
790.5900 MEPROBAMATE
EMERGENCY
790.5924 MESTRANOL; NORETHINDRONE
790.5940 METAPROTERENOL SULFATE
EMERGENCY
790.5980 METARAMINOL BITARTRATE
790.5992 METHADONE HYDROCHLORIDE
790.5996 METHAMPHETAMINE HYDROCHLORIDE
790.6020 METHIDLAZINE HYDROCHLORIDE
790.6060 METHENAMINE HIPPURATE
790.6100 METHICILLIN SODIUM
790.6140 METHOCARBAMOL
EMERGENCY
790.6180 METHOTREXATE SODIUM
EMERGENCY
790.6220 METHSCOPOLAMINE BROMIDE
790.6260 METHYLCLOTHIAZIDE
790.6275 METHYLDOPA
790.6277 METHYLDOPATE HYDROCHLORIDE

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

790.6280 METHYLPHENIDATE HYDROCHLORIDE
790.6284 METHYLPREDNISOLONE
790.6300 METHYLPREDNISOLONE SODIUM SUCCINATE
790.6340 METHYLTESTOSTERONE
790.6370 METOCLOPRAMIDE HYDROCHLORIDE
790.6375 METOCURINE IODIDE
790.6380 METOLAZONE
790.6420 METRONIDAZOLE
790.6435 MINOXIDIL
790.6445 MORPHINE SULFATE
790.6450 NAFICILLIN SODIUM
790.6452 NALBUPHINE HYDROCHLORIDE
790.6454 NALIDIXIC ACID
790.6456 NALOXONE HYDROCHLORIDE
790.6460 NANDROLONE DECANOATE
790.6480 NANDROLONE PHENPROPIONATE
790.6500 NAPHAZOLINE HYDROCHLORIDE
790.6540 NEOMYCIN SULFATE
790.6544 NEOMYCIN SULFATE; POLYMYXIN B SULFATE
790.6570 NEOMYCIN SULFATE; TRIAMCINOLONE ACETONIDE
EMERGENCY
790.6580 NIACIN
EMERGENCY
790.6610 NIFEDIPINE
790.6620 NITROFURANTOIN
EMERGENCY
790.6621 NITROFURANTOIN MACROCRYSTALS
EMERGENCY
790.6660 NITROFURAZONE
790.6670 NITROGLYCERIN INJECTION
790.6700 NORETHINDRONE ACETATE
790.6740 NORTRIPTYLINE HYDROCHLORIDE
790.6780 NYSTATIN
EMERGENCY
790.6800 NYSTATIN; TRIAMCINOLONE ACETONIDE
790.6820 ORPHENADRINE CITRATE
EMERGENCY
790.6860 OXACILLIN SODIUM
790.6875 OXAZEPAM
790.6885 OXTRIPHYLLINE
790.6895 OXYBUTYRIN
790.6900 OXYPHENBUTAZONE (Repealed)
790.6940 OXYTETRACYCLINE HYDROCHLORIDE
EMERGENCY
790.6946 OXYTOCIN
790.6960 PANCURONIUM BROMIDE

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

790.6980 PENICILLIN G POTASSIUM
EMERGENCY
790.7020 PENICILLIN G PROCAINE
790.7060 PENICILLIN G SODIUM (Repealed)
790.7100 PENICILLIN V POTASSIUM
EMERGENCY
790.7120 PENTOBARBITAL SODIUM
EMERGENCY
790.7130 PERPHENAZINE
790.7140 PHENDIMETRAZINE TARTRATE
EMERGENCY
790.7180 PHENTERMINE HYDROCHLORIDE
EMERGENCY
790.7181 PHENTERMINE RESIN COMPLEX
790.7220 PHENYLBUTAZONE (Repealed)
790.7223 PHENYLEPHRINE HYDROCHLORIDE; PROMETHAZINE HYDROCHLORIDE
790.7229 PHENYTOIN SODIUM INJECTION
790.7260 PIPERAZINE CITRATE
790.7265 POLYETHYLENE GLYCOL 3350; POTASSIUM CHLORIDE; SODIUM BICARBONATE; SODIUM CHLORIDE; SODIUM SULFATE, ANHYDROUS
790.7272 POLYMYXIN B SULFATE
790.7278 POTASSIUM BICARBONATE
EMERGENCY
790.7280 POTASSIUM CHLORIDE
EMERGENCY
790.7284 POTASSIUM CHLORIDE; SODIUM CHLORIDE
EMERGENCY
790.7288 POTASSIUM GLUCONATE
790.7291 PRALIDOXIME CHLORIDE
790.7294 PRAZEPAM
790.7296 PRAZOSIN HYDROCHLORIDE
790.7300 PREDNISOLONE ACETATE
790.7340 PREDNISOLONE ACETATE; SULFACETAMIDE SODIUM
790.7380 PREDNISOLONE SODIUM PHOSPHATE
790.7400 PREDNISONE
EMERGENCY
790.7420 PRIMIDONE
790.7460 PROBENECID
790.7500 PROCAINAMIDE HYDROCHLORIDE
EMERGENCY
790.7510 PROCAINE HYDROCHLORIDE
790.7540 PROCHLORPERAZINE EDISYLATE
EMERGENCY
790.7580 PROCHLORPERAZINE MALEATE
790.7620 PROGESTERONE
790.7660 PROMAZINE HYDROCHLORIDE

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

790.7700 PROMETHAZINE HYDROCHLORIDE
EMERGENCY
790.7740 PROPANTHELINE BROMIDE
EMERGENCY
790.7780 PROPARACAINE HYDROCHLORIDE
790.7780 PROPOXYPHENE HYDROCHLORIDE
EMERGENCY
790.7820 PROPRANOLOL HYDROCHLORIDE
EMERGENCY
790.7828 PROTAMINE SULFATE
EMERGENCY
790.7834 PSEUDOEPHEDRINE HYDROCHLORIDE; TRIPROLIDINE HYDROCHLORIDE
EMERGENCY
790.7860 PYRIDOSTIGMINE BROMIDE
EMERGENCY
790.7900 PYRIDOXINE HYDROCHLORIDE
790.7940 PYRILAMINE MALEATE
790.7980 QUINIDINE GLUCONATE
EMERGENCY
790.8015 QUINIDINE SULFATE
EMERGENCY
790.8020 RESERPINE
EMERGENCY
790.8060 RIFAMPIN
EMERGENCY
790.8100 RITODRINE HYDROCHLORIDE
790.8106 SECOCARBITAL SODIUM
EMERGENCY
790.8136 SELENIUM SULFIDE
EMERGENCY
790.8140 SILVER SULFADIAZINE
790.8180 SODIUM AMINOSALICYLATE
790.8220 SODIUM CHLORIDE
EMERGENCY
790.8232 SODIUM LACTATE
EMERGENCY
790.8244 SODIUM NITROPRUSSIDE (Repealed)
790.8248 SODIUM POLYSTYRENE SULFONATE
790.8260 SOYBEAN OIL
EMERGENCY
790.8290 SPIRONOLACTONE
EMERGENCY
790.8300 STREPTOMYCIN SULFATE
EMERGENCY
790.8340 SULFABENZAMIDE; SULFACETAMIDE; SULFATHIAZOLE
790.8378 SULFABENZAMIDE; SULFACETAMIDE; SULFATHIAZOLE; UREA
EMERGENCY
790.8380 SULFACETAMIDE SODIUM
790.8420 SULFADIAZINE
790.8460 SULFAMETHIZOLE
EMERGENCY
790.8500

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

790.8540 SULFAMETHOXAZOLE
EMERGENCY
790.8580 SULFAMETHOXAZOLE; TRIMETHOPRIM
790.8590 SULFANILAMIDE
790.8620 SULFASALAZINE
790.8660 SULFINPYRAZONE
EMERGENCY
790.8700 SULFISOXAZOLE
EMERGENCY
790.8724 TEMAZEPAM
790.8727 TERBUTALINE SULFATE
790.8740 TESTOSTERONE CYPIONATE
790.8780 TESTOSTERONE ENANTHATE
790.8820 TESTOSTERONE PROPIONATE
790.8860 TETRACYCLINE
790.8900 TETRACYCLINE HYDROCHLORIDE
EMERGENCY
790.8940 THEOPHYLLINE
EMERGENCY
790.8980 THIAMINE HYDROCHLORIDE
790.9020 THIORIDAZINE HYDROCHLORIDE
EMERGENCY
790.9035 THIOXIXENE
790.9045 THIOXIXENE HYDROCHLORIDE
EMERGENCY
790.9048 TIMOLOL MALEATE
790.9050 TOBRAMYCIN SULFATE
790.9056 TOLAZAMIDE
790.9060 TOLBUTAMIDE
EMERGENCY
790.9084 TRAZODONE HYDROCHLORIDE
EMERGENCY
790.9100 TRIAMCINOLONE ACETONIDE
790.9140 TRIFLUOPRAZINE HYDROCHLORIDE
790.9180 TRIHEXYPHENIDYL HYDROCHLORIDE
EMERGENCY
790.9220 TRIMEPAZINE TARTRATE
790.9260 TRIMETHOBENZAMIDE HYDROCHLORIDE
790.9300 TRIMETHOPRIM
790.9320 TRIMIPRAMINE MALEATE
790.9340 TRIPELENNAMINE HYDROCHLORIDE
EMERGENCY
790.9380 TRIPROLIDINE HYDROCHLORIDE
EMERGENCY
790.9420 TRISULFAPYRIMIDINE
EMERGENCY
790.9460 TROPICAMIDE

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

790.9475 VALPROATE SODIUM
790.9478 VALPROIC ACID
790.9486 VANCOMYCIN HYDROCHLORIDE
790.9500 VERAPAMIL HYDROCHLORIDE
790.9520 VINBLASTINE SULFATE
790.9530 VINCRISTINE SULFATE
790.9540 VITAMIN A
790.9580 VITAMIN A PALMITATE
790.9620 WATER FOR INJECTION, STERILE
790.9660 WATER FOR IRRIGATION, STERILE
790.9800 XYLOSE
EMERGENCY

AUTHORITY: Implementing and authorized by Section 3.14 of the Illinois Food, Drug and Cosmetic Act (Ill. Rev. Stat. 1987, ch. 56 1/2, par. 503.14) and Section 25 of the Pharmacy Practice Act (Ill. Rev. Stat. 1987, ch. 111, par. 4145).

SOURCE: Emergency amendment at 2 Ill. Reg. 18, p. 47, effective April 26, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 26, p. 150, effective July 1, 1978; emergency amendment at 2 Ill. Reg. 40, p. 98, effective October 1, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 51, p. 48, effective December 18, 1978; emergency amendment at 3 Ill. Reg. 2, p. 18, effective December 31, 1978, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 15, p. 147, effective April 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 27, p. 113, effective July 1, 1979; emergency amendment at 3 Ill. Reg. 32, p. 158, effective August 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 41, p. 178, effective October 8, 1979; emergency amendment at 4 Ill. Reg. 51, p. 147, effective December 12, 1980, for a maximum of 150 days; amended at 5 Ill. Reg. 3466, effective March 25, 1981; amended at 5 Ill. Reg. 7107, effective June 24, 1981; amended at 5 Ill. Reg. 9120, effective October 1, 1981; amended at 5 Ill. Reg. 14605, effective February 1, 1982; amended at 6 Ill. Reg. 6750, effective July 1, 1982; amended at 6 Ill. Reg. 11558, effective September 15, 1982; amended at 6 Ill. Reg. 15195, effective December 15, 1982; amended at 7 Ill. Reg. 7110, effective July 1, 1983; amended at 7 Ill. Reg. 13270, effective October 1, 1983; amended at 7 Ill. Reg. 16924, effective January 1, 1984; amended at 8 Ill. Reg. 2162, effective March 1, 1984; amended at 8 Ill. Reg. 8513, effective July 1, 1984; codified at 8 Ill. Reg. 13402; amended at 8 Ill. Reg. 22108, effective November 1, 1984; amended at 9 Ill. Reg. 4071, effective April 1, 1985; amended at 9 Ill. Reg. 6816, effective May 1, 1985; amended at 10 Ill. Reg. 253, effective January 1, 1986; amended at 10 Ill. Reg. 8814, effective May 15, 1986; amended at 11 Ill. Reg. 3565, effective February 23, 1987; amended at 11 Ill. Reg. 9223, effective May 15, 1987; amended at 11 Ill. Reg. 14382, effective August 15, 1987; amended at 12 Ill. Reg. 1823, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1984, effective January 1, 1988, for a maximum of 150 days; emergency amendment at

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

12 Ill. Reg. 7743, effective April 15, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 9153, effective May 13, 1988; amended at 12 Ill. Reg. 10133, effective May 31, 1988, emergency amendment at 12 Ill. Reg. 10745, effective June 2, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12846, effective July 29, 1988; emergency amendment at 12 Ill. Reg. 13255, effective August 5, 1988, for a maximum of 150 days, emergency expired January 2, 1989; amended at 12 Ill. Reg. 15101, effective September 16, 1988; emergency amendment at 12 Ill. Reg. 16937, effective October 7, 1988, for a maximum of 150 days; amended at 13 Ill. Reg. 856, effective January 6, 1989; emergency amendment at 13 Ill. Reg. 3108, effective February 28, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 8890, effective May 26, 1989, and January 1, 1990; amended at 13 Ill. Reg. 11717, effective July 14, 1989; corrected at 13 Ill. Reg. 12909; emergency amendment at 13 Ill. Reg. 12990, effective August 1, 1989, for a maximum of 150 days; corrected at 13 Ill. Reg. 14477; emergency amendment at 13 Ill. Reg. 17101, effective October 13, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 19970, effective December 8, 1989; emergency amendment at 14 Ill. Reg. 1505, effective January 12, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 3184, effective February 16, 1990; emergency amendment at 14 Ill. Reg. 4620, effective March 9, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 8154, effective May 11, 1990.

AGENCY NOTE: The text of Sections 790.2097, 790.2603, 790.2618, 790.3910, 790.8900 and 790.9084 which appear below do not include the emergency amendments adopted at 14 Ill. Reg. 4620 effective March 9, 1990, for a maximum of 150 days. The copies filed with the Administrative Code Unit reflect both emergency rules.

SUBPART B: APPROVED DRUG PRODUCTS FOR DRUG PRODUCT SELECTION

Section 790.1200 ASPIRIN; CAFFEINE; ORPHENADRINE CITRATE (Repealed)

DRUG	DOSEAGE-FORM, -STRENGTH	APPLICATION-HOLDER, MANUFACTURER
Aspirin-Caffeine; Orphenadrine Brands (s)	tab-385mg;30mg;25mg tab-770mg;60mg;50mg	Vitarine Vitarine
Norgesie Norgesie-Forte Orphenesie Orphenesie-Forte	tab-385mg;30mg;25mg tab-770mg;60mg;50mg tab-385mg;30mg;25mg tab-770mg;60mg;50mg	Riker/3M Riker/3M Par Par

(Source: Repealed at 14 Ill. Reg. 8154, effective May 11, 1990)

Section 790.1560 BACLOFEN

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Baclofen	tab 10,20mg tab 10,20mg tab 10,20mg	Pharmaceutical Basics Vitarine Zenith
Brand(s) Lioresal	tab 10,20mg	Ciba-Geigy

(Source: Amended at 14 Ill. Reg. 8154, effective May 11, 1990)

Section 790.2097 CEPHALEXIN

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Cephalexin	cap	Atral Labs
	cap, powdr for susp, tab	Barr
	cap, powdr for susp, tab	Biocraft
	cap	Jerome Stevens
	cap, powdr for susp	Lemmon
	cap	Marsam
	cap	MJ Pharmaceuticals
	cap, powdr for susp	Novopharm
	cap	Purepac/Kalipharma
	cap	Squibb Mark
	cap, powdr - for - susp , tab	Vitarine
	cap	Yoshitomi
Brand(s) Keflex Keflet	cap	Zenith
	cap, powdr for susp	Lilly
	tab	Lilly

(Source: Amended at 14 Ill. Reg. 8154, effective May 11, 1990)

Section 790.2140 CEPHRADINE/CEPHRADINE DIHYDRATE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Cephadrine/Cephadrine Dihydrate	cap	Barr
	cap	Biocraft
	cap	Vitavine
	cap	Zenith
	powdr for susp	Barr

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

Brand(s)	powdr for susp	cap	cap	powdr for susp	powdr for susp	cap 75, 150mg	cap 75, 150mg
Anspor							
Velosef							
Anspor							
Velosef							

(Source: Amended at 14 Ill. Reg. 8154, effective May 11, 1990)

Section 790.2603 CLINDAMYCIN HYDROCHLORIDE

Brand(s)	DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER Vetate	Upjohn
Cleocin	Clindamycin Hydrochloride	cap 75, 150mg		

(Source: Amended at 14 Ill. Reg. 8154, effective May 11, 1990)

Section 790.2618 CLORAZEPATE DIPOTASSIUM

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Clorazepate Dipotassium	cap 3.75, 7.5, 15mg	Able
	cap 3.75, 7.5, 15mg	American Therapeutics
	cap 3.75, 7.5, 15mg	Chelsea
	cap 3.75, 7.5, 15mg	Cord
	cap 3.75, 7.5, 15mg	Lederle/Am Cyanamid
	cap 3.75, 7.5, 15mg	Mylan
	cap 3.75, 7.5, 15mg	Pharmaceutical Basics
	cap 3.75, 7.5, 15mg	Purepac/Kalipharma
	cap 3.75, 7.5, 15mg	Quantum
	cap 3.75, 7.5, 15mg	Searle
	cap 3.75, 7.5, 15mg	Warner Chilcott/W-L
	tab 3.75, 7.5, 15mg	Able
	tab 3.75, 7.5, 15mg	American Therapeutics
	tab 3.75, 7.5, 15mg	Lederle/Am Cyanamid
	tab 3.75, 7.5, 15mg	Mylan
	tab 3.75, 7.5, 15mg	Purepac/Kalipharma
	tab 3.75, 7.5, 15mg	Quantum
	tab 3.75, 7.5, 15mg	Warner Chilcott/W-L
	tab 3.75, 7.5, 15mg	Watson
Brand(s)		
Gen-Xene	tab 3.75, 7.5, 15mg	Abra
Tranxene	tab 3.75, 7.5, 15mg	Abbott

(Source: Amended at 14 Ill. Reg. 8154, effective May 11, 1990.)

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

Section 790.3054 DIAZEPAM

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Diazepam	inj 5mg/ml	Abbott
	inj 5mg/ml	Elkins-Sinn/Robins
	inj 5mg/ml	Lederle
	inj 5mg/ml	Lemmon
	inj 5mg/ml	Lyphomed
	inj 5mg/ml	Parke-Davis
	inj 5mg/ml	Steris
	inj 5mg/ml	Sterling
	tab 2.5, 10mg	Barr
	tab 2.5, 10mg	Chelsea
	tab 2.5, 10mg	Cord
	tab 2.5, 10mg	Danbury
	tab 2.5, 10mg	Duramed
	tab 2.5, 10mg	Halsey
	tab 2.5, 10mg	Lederle/Am Cyanamid
	tab 10mg	Martec
	tab 2.5, 10mg	Mylan
	tab 2.5, 10mg	Par
	tab 2.5, 10mg	Parke-Davis/W-L
	tab 2.5, 10mg	Pharmaceutical Basics
	tab 2.5, 10mg	Pioneer
	tab 2.5, 10mg	Purepac/Kalipharma
	tab 2.5, 10mg	Roxane
	tab 2.5, 10mg	Superpharm
	tab 2.5, 10mg	Zenith
Brand(s)		
Valium	inj 5mg/ml	Hoffmann-LaRoche
Q-Pam	tab 2.5, 10mg	Quantum
Valium	tab 2.5, 10mg	Hoffmann-LaRoche

(Source: Amended at 14 Ill. Reg. 8154, effective May 11, 1990)

Section 790.3340 DOXEPIN HYDROCHLORIDE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Doxepin Hydrochloride	cap eq 25, 50, 75, 100mg base	Barr
	cap eq 10, 25, 50, 75, 100, 150mg base	Chelsea
	cap eq 10, 25, 50, 75, 100mg base	Cord

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

cap eq 10, 25, 50, 75, 100mg base	Danbury
cap eq 10, 25, 50, 75, 100, 150mg base	Lederle/Am Cyanamid
cap eq 10, 25, 50, 75, 100mg base	Mylan
cap eq 10, 25, 50, 75, 100, 150mg base	Par
cap eq 75, 100, 150mg base	Purepac/Kalipharma
cap eq 10, 25, 50, 75, 100, 150mg base	Quantum
conc eq 10mg base/ml	Copley
conc eq 10mg base/ml	Pharmaceutical Basics
cap eq 10, 25, 50, 75, 100, 150mg base	Penwalt
cap eq 10, 25, 50, 75, 100mg base	Pfizer

Brand(s)

Adapin

Sinequan

(Source: Amended at 14 Ill. Reg. 8154, effective May 11, 1990)

Section 790.3420 DOXYCYCLINE HYCLATE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Doxycycline Hyclate	cap	Barr
	cap	Chelsea
	cap	Danbury
	cap	Halsey
	cap	Heather
	cap	Interpharm
	cap	Mutual
	cap	Mylan
	cap	Par
	cap	Parke-Davis/W-L
	cap	Private Formulations
	cap	Purepac/Kalipharma
	cap	Superpharm
	cap	West-Ward
	cap	Wittich
	cap	Zenith
	inj eq 100, 200mg base/vial	Ben Venue
	inj eq 100, 200mg base/vial	Elkins-Sinn
	inj eq 100, 200mg base/vial	Lederle/Am Cyanamid
	inj eq 100, 200mg base/vial	Quad
	tab	Barr

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Brand(s)
 Doxy-Lemmon
 Doxychel Hyclate
 Vibramycin
 Doryx
 Doryx
 Doxy 100,200
 Doxychel Hyclate
 Vibramycin
 Doxy-Lemmon
 Doxy-Tabs
 Vibra-Tabs

tab
 tab
 tab
 tab
 tab
 tab
 tab
 tab
 cap
 cap
 cap
 cap, coated pellets
 inj eq 100,200mg base/vial
 inj eq 100mg base/vial
 inj eq 100,200mg base/vial
 tab
 tab
 tab

Chelsea
 Danbury
 Heather
 Interpharm
 Medicopharma
 Mutual
 Mylan
 Parke-Davis/W-L
 Superpharm
 Zenith

Brand(s)
 Doxy-Lemmon
 Doxychel Hyclate
 Vibramycin
 Doryx
 Doryx
 Doxy 100,200
 Doxychel Hyclate
 Vibramycin
 Doxy-Lemmon
 Doxy-Tabs
 Vibra-Tabs

Lemmon
 Rachelle
 Pfizer
 Faulding
 Parke-Davis/W-L
 Lyphomed
 Rachelle
 Pfizer
 Lemmon
 Rachelle
 Pfizer

(Source: Amended at 14 Ill. Reg. 8154, effective May 11, 1990)

Section 790.3910 FENOPROFEN CALCIUM

DRUG

Fenopropfen Calcium

cap 200,300mg
 cap 200,300mg
 cap 200,300mg
 cap 200,300mg
 cap-200,300mg
 cap 200,300mg
 tab 600mg
 tab 600mg
 tab 600mg
 tab 600mg
 tab 600mg
 tab 600mg
 tab 600mg
 tab 600mg
 tab 600mg

DOSAGE FORM, STRENGTH

APPLICATION HOLDER,
MANUFACTURER

American Therapeutics
 Cord
 Halsey
 Par
 Quantum
 Watson
 American Therapeutics
 Chelsea
 Cord
 Danbury
 Halsey
 Lederle/Am Cyanamid
 Mylan
 Par
 Pharmaceutical Basics
 Purepac/Kalipharma
 Quantum

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Brand(s)
 Nalfon
 Nalfon

tab 600mg
 tab 600mg
 cap 200,300mg
 tab 600mg

Watson
 Zenith

Lilly/Dista
 Lilly/Dista

(Source: Amended at 14 Ill. Reg. 8154, effective May 11, 1990)

Section 790.4720 HYDROCHLOROTHIAZIDE; TRIAMTERENE

DRUG

Hydrochlorothiazide;
Triamterene

DOSAGE FORM, STRENGTH

tab 50mg;75mg
 tab 50mg;75mg
 tab 50mg;75mg
 tab-50mg;75mg
 tab 50mg;75mg
 tab-50mg;75mg
 tab-50mg;75mg
 tab 50mg;75mg
 tab 50mg;75mg

APPLICATION HOLDER,
MANUFACTURER

American Therapeutics
 Barr
 Cord
 Par
 Danbury
 Quantum
 Vitavine
 Watson
 Mylan

(Source: Amended at 14 Ill. Reg. 8154, effective May 11, 1990)

Section 790.5220 IBUPROFEN

DRUG

Ibuprofen

DOSAGE FORM, STRENGTH

tab 400,600,800mg
 tab 300,400,600,800mg
 tab 300,400,600,800mg
 tab 400,600,800mg
 tab 300,400,600,800mg
 tab 400,600,800mg
 tab 400,600,800mg
 tab 400,600mg
 tab 400,600mg
 tab 300,400,600,800mg
 tab 400,600,800mg
 tab 300,400,600,800mg
 tab 300,400,600,800mg
 tab 300,400,600,800mg
 tab 400,600,800mg

APPLICATION HOLDER,
MANUFACTURER

Barr
 Chelsea
 Cord
 Danbury
 Halsey
 Interpharm
 Invamed
 Lederle/Am Cyanamid
 McNeil Consumer
 Medicopharma
 Mutual
 Mylan
 Par
 Private Formulations
 Purepac/Kalipharma
 Sidmak

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

Section 790.6875 OXAZEPAM

DRUG	DOSAGE FORM, STRENGTH	MANUFACTURER
Oxazepam	cap 10, 15, 30mg	American Therapeutics
	cap 10, 15, 30mg	Barr
	cap 10, 15, 30mg	Chelsea
	cap 10, 15, 30mg	Cord
	cap 10, 15, 30mg	Purepac
	cap 10, 15, 30mg	Zenith
	tab 15mg	Barr
	tab 15mg	Danbury
	tab 15mg	Parke-Davis/W-L
Brand(s)		
Serax	cap 10, 15, 30mg	Wyeth Ayerst/AMHO
Zaxepam	cap 10, 15, 30mg	Quantum
Serax	tab 15mg	Wyeth Ayerst/AMHO

(Source: Amended at 14 Ill. Reg. 8154, effective May 11, 1990)

Section 790.8900 TETRACYCLINE HYDROCHLORIDE

DRUG	DOSAGE FORM, STRENGTH	MANUFACTURER
Tetracycline Hydrochloride	cap	Astral Labs
	cap	Barr
	cap	Boots
	cap	Chelsea
	cap	Danbury
	cap	Halsey
	cap	Heather
	cap	ICN
	cap	MK Laboratories
	cap	MM Mast
	cap	Mylan
	cap	Private Formulations
	cap	Purepac/Kalipharma
	cap	Richlyn
	cap	Quantum
	cap	Roxane
	cap	Superpharm
	cap	Vitarine
	cap	West-Ward
	cap	Wyeth Ayerst/AMHO
	cap	Zenith

(Source: Amended at 14 Ill. Reg. 8154, effective May 11, 1990)

Brand(s)	
Achromycin V	cap
Bristacycline	cap
Cyclopar	cap
Pamycin	cap
Retet	cap
Robitet	cap
Sumycin	cap
Tetrachel	cap
Tetracyn	cap
Achromycin	inj
Tetracyn	inj
Lederle/Am Cyanamid	
Bristol/B-M	
Parke-Davis/W-L	
Upjohn	
Reid-Rowell	
Robins	
Squibb	
Rachelle	
pfpharmecs/Pfizer	
Lederle/Am Cyanamid	
pfizer	

(Source: Amended at 14 Ill. Reg. 8154, effective May 11, 1990)

Section 790.9048 TIMOLOL MALEATE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Timolol Maleate	tab 5,10,20mg tab 5,10,20mg tab 5,10,20mg tab-5,10,20mg	Bolar Cord Pharmaceutical Basics Quantum
Brand(s) Blocadren	tab 5,10,20mg	MSD/Merck

Source: Amended at 14 Ill. Reg. 8154, effective May 11, 1990)

(Source: Amended at 14 Ill. Reg. 8154, effective May 11, 1990)

Section 790.9084 TRAZODONE HYDROCHLORIDE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Trazodone Hydrochloride	tab 50, 100mg	American Therapeutics
	tab 50, 100mg	Barr
	tab 50, 100mg	Bolar
	tab 50, 100mg	Chel Sea
	tab 50, 100mg	Danbury
	tab 50, 100mg	Lemmon
	tab 50, 100mg	Pharmaceutical Basics
	tab 50, 100mg	Purepac/Kalipharma
	tab 50, 100mg	Quantum
	tab 50, 100, 150mg	Stidmak
Desyrel	tab 50, 100mg	TAG Pharmaceuticals
	tab 50, 100, 150mg	Mead Johnson/B-M

(Source: Amended at 14 Ill. Reg. 8154, effective May 11, 1990)

ILLINOIS RACING BOARD

NOTICE OF ADOPTED AMENDMENTS

- 1) The Heading of the Part: Medication
- 2) Code Citation 11 Ill. Adm. Code 509
- 3) Section Numbers: 509.40 Adopted Action: Amendment
- 4) Statutory Authority: Ill Rev. Stat. 1983, Ch. 8 par 37-1 et. seq.
- 5) Effective Date of Amendment: May 15, 1990
- 6) Does this rulemaking contain an automatic repealer date? No.
- 7) Does this amendment contain incorporation by reference? No.
- 8) Date Filed in Agency's Principal Office: May 15, 1990
- 9) Notice of Proposal Published in Illinois Register: June 30, 1989, 13 Ill. Reg. 10171
- 10) Has JCAR issued a Statement of Objections to this rule? No.
- 11) Differences between proposal and final version: The term "Rules" was deleted from the heading of the part (111. Adm. Code 100). Several references to old rule numbers prior to codification were removed from the text of 509.40.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes.
- 13) Will this amendment replace an emergency amendment currently in effect? No.
- 14) Are there any amendments pending in this Part? No.
- 15) Summary and Purpose of Amendment: This amendment protects the integrity of the horse racing industry, and provides for penalties in regards to infractions or violation. It provides more stringent policies regarding pre-race testing.
- 16) Information and questions regarding this adopted amendments shall be directed to:
Robert M. Podlasek
Board Counsel
State of Illinois Center
100 West Randolph
Suite 11-100
Chicago, Illinois 60601
(312) 814-2600

The full text of the Adopted Amendment begins on the next page:

ILLINOIS REGISTER

8185 90

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 790.9320 TRIMIPRAMINE MALEATE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Trimipramine Maleate	cap eq 25,50,100mg base	Pharmaceutical Basics
Brand(s)	cap-eq-25,50,100mg-base	Vitavine
Surmontil	cap eq 25,50,100mg base	Wyeth Ayerst/AMHO

(Source: Amended at 14 Ill. Reg. 8154, effective May 11, 1990)

DEPARTMENT OF TRANSPORTATION

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of Part: Procedures
- 2) Code Citation: 92 Ill. Adm. Code 107
- 3) Section Numbers: 107.311
Adopted Action: Amendment
- 4) Statutory Authority: Ill. Rev. Stat. 1987, ch. 95 1/2, pars. 700-4(a) and 700-9(a)
- 5) Effective date of rules: May 15, 1990
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this amendment contain incorporations by reference? No
- 8) Date filed in agency's principal office: May 15, 1990
- 9) Notice of proposal published in Illinois Register: March 2, 1990, 14 Ill. Reg. 3028
- 10) Has JCAR issued a Statement of Objections to these rules? No
- 11) Differences between proposal and final version: "SUBPART D: ENFORCEMENT" was inserted before the text of Section 107.311 in the Illinois Register copy.
- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements letter issued by JCAR? No changes were necessary.
- 13) Will this rule replace an Emergency Rule currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and purpose of rules:

The Department has amended Section 107.311 because the use of the phrase "this Part" is inappropriate in the text of this Section. The phrase "these regulations" refers to the

DEPARTMENT OF TRANSPORTATION

NOTICE OF ADOPTED AMENDMENTS

Hazardous Materials Regulations found in 49 CFR 171 - 173, 177, 178, 179, and 180. The Department's Part 107 does not contain the requirements governing the shipping and handling of hazardous materials. These requirements are established in the federal rules and elsewhere in the Department's rules (92 Ill. Adm. Code Parts 171, 172, 173, 177, 178 and 180). The term "these regulations" is appropriately used in the Department's Parts 171-180. However, the use of the phrase "this Part" is improper in Part 107.311. The Department has, therefore, amended Section 107.311.

- 16) Information and questions regarding this adopted amendment shall be directed to:

Mr. Tom Crawford, Chief
Regulations & Training Unit
Department of Transportation
Division of Traffic Safety
2300 South Dirksen Parkway
Springfield, Illinois 62764
(217) 785-3064

The full text of the Adopted Amendment begins on the next page:

DEPARTMENT OF TRANSPORTATION

NOTICE OF ADOPTED AMENDMENT

TITLE 92: TRANSPORTATION
 CHAPTER 1: DEPARTMENT OF TRANSPORTATION
 SUBCHAPTER c: HAZARDOUS MATERIALS TRANSPORTATION REGULATIONS

PART 107
 PROCEDURES

SUBPART A: GENERAL PROVISIONS

Section

107.1 Purpose and Scope
 107.3 Definitions
 107.5 Request for Confidential Treatment
 107.11 Service
 107.13 Subpoenas

SUBPART B: EXEMPTIONS

Section

107.101 Purpose and Scope
 107.102 Persons Holding Federal Exemptions
 107.103 Applications for Exemptions for Persons Transporting Hazardous Materials Not Governed by the Federal Hazardous Materials Regulations
 107.105 Application for Review
 107.107 Initial Application Review
 107.109 Processing of Application
 107.111 Party to an Exemption
 107.117 Withdrawal
 107.119 Termination
 107.121 Appeal
 107.123 Availability for Public Inspection

SUBPART D: ENFORCEMENT

Section

107.301 Responsibility for Enforcement
 107.303 Purpose and Scope
 107.305 Investigations
 107.307 Inspection and Examination of Records and Properties
 107.308 Notice of Apparent Violation
 107.309 Stopping of Vehicles
 107.310 Department Review of Notice of Apparent Violation
 107.311 Warning Letter
 107.313 Civil Penalties Generally
 107.314 Maximum Penalties
 107.315 Commencement of Civil Penalty Proceeding

DEPARTMENT OF TRANSPORTATION

NOTICE OF ADOPTED AMENDMENT

Section

107.316 Reply
 107.317 Payment of Penalty
 107.318 Request for Hearing
 107.319 Hearing
 107.320 Presiding Officer's Decision
 107.321 Assessment Considerations
 107.323 Appeal
 107.331 Compliance Orders Generally
 107.333 Notice of Probable Violation
 107.334 Reply
 107.335 Consent Order
 107.336 Hearing
 107.337 Presiding Officer's Decision
 107.338 Compliance Order For Immediate Compliance
 107.339 Appeal
 107.341 Injunctions and Other Equitable Relief
 107.343 Imminent Hazards
 107.371 Criminal Penalties Generally
 107.373 Referral for Prosecution

APPENDIX A Standard Conditions Applicable to Exemptions, Packages, Containers, Shipments

AUTHORITY: Implementing Section 4(a) and authorized by Section 9(a) of the Illinois Hazardous Materials Transportation Act (Ill. Rev. Stat. 1987, ch. 95 1/2, pars. 700-4(a) and 700-9(a)).

SOURCE: Adopted at 3 Ill. Reg. 5, p. A1, effective February 1, 1979; amended at 3 Ill. Reg. 49, p. 273, effective December 10, 1979; amended at 6 Ill. Reg. 4287, effective April 16, 1982; codified at 8 Ill. Reg. 17979; amended at 10 Ill. Reg. 5876, effective April 1, 1986; amended at 14 Ill. Reg. 2633, effective February 1, 1990; amended at 14 Ill. Reg. 8189, effective May 15, 1990.

SUBPART D: ENFORCEMENT

Section 107.311 Warning Letter

- a) When the Department has reason to believe that a person is engaging in conduct which involves a violation of any provision of ~~this Part~~ these regulations, the Director, or his authorized representative, may issue a warning letter which shall:
- 1) Advise the person of the time, place and circumstances of the apparent violation;

DEPARTMENT OF TRANSPORTATION

NOTICE OF ADOPTED AMENDMENT

- 2) Advise the person that a subsequent inspection may be conducted to ascertain whether the violation has been corrected; and
- 3) Warn the person not to repeat the violation in the future.
- b) The warning letter shall be served in the manner prescribed in Section 107.11.

(Source: Amended at 14 Ill. Reg. 8189, effective May 15, 1990)

OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF EMERGENCY RULES

- 1) Heading of the Part: Fire Equipment Distributor and Employee Standards
- 2) Code citation: 41 Ill. Adm. Code 251
- 3) Section numbers:

251.10	New Section
251.20	New Section
251.30	New Section
251.40	New Section
251.50	New Section
251.60	New Section
251.70	New Section
251-APPENDIX A	New Section
251-ILLUSTRATION A	New Section
251-ILLUSTRATION B	New Section
- 3) Emergency Action:
- 4) Statutory Authority: Authorized by Section 7 of the Fire Equipment Distributor and Employee Regulation Act (Ill. Rev. Stat. 1988 Supp., ch. 111, par. 8007).
- 5) Effective Date of Emergency Rule: May 14, 1990
- 6) If this Emergency Rule is to expire before the end of the 150-day period, please specify the date on which it is to expire: Not applicable
- 7) Date Filed in Agency's Principal Office: May 8, 1990
- 8) Reason for Emergency: The Office determined that the statutory fees and other requirements should be specified by rule. Due to the requirement for state licensing for Fire Equipment Distributors and their employees requiring rules to implement the licensure, the Office has adopted these rules. Without these rules the Office might be subject to litigation and delay in implementing the statute. The public safety will be adversely affected by not having the Distributors and their employees licensed.
- 9) A Complete Description of the Subjects and Issues Involved: This part implements licensing of Fire Equipment Distributors and their employees. This rules mirrors statutory requirements for refusal to issue a license, and the statutory fees. The Office established two (2) fees; for duplicate licenses and a branch office. The Office also established a "Provisional License" to enable persons currently employed to have one (1) year to pass the requisite examinations.
- 10) Are there any other proposed amendments pending to this Part? No

Section Numbers

Proposed Action

Illinois Register Citation

OFFICE OF THE STATE FIRE MARSHAL
NOTICE OF EMERGENCY RULES

- 11) Statement of Statewide Policy Objectives: These rules do not ignore a mandate on local governments.
- 12) Information and questions regarding this rule shall be directed to:
- Name: John J. Pavlou
Address: 1035 Stevenson Drive, Springfield, Illinois 62703-4259
Telephone: (217) 785-4143

The full text of the emergency rules begins on the next page:

OFFICE OF THE STATE FIRE MARSHAL
NOTICE OF EMERGENCY RULES

TITLE 41: FIRE PROTECTION
CHAPTER I: OFFICE OF THE STATE FIRE MARSHAL

PART 251
FIRE EQUIPMENT DISTRIBUTOR AND EMPLOYEE STANDARDS

Section	Definitions
251.10	Fire Equipment Distributor Applications
EMERGENCY	Grounds for Refusal to Issue, Suspend, or Revoke Licenses for Fire Equipment Distributor and Employees
251.20	Term of License
EMERGENCY	Fees
251.30	Employee Provisional Licenses
EMERGENCY	Required Equipment
251.40	Forms and Applications
EMERGENCY	251.ILLUSTRATION A Distributor Application
251.50	251.ILLUSTRATION B Employee Application
EMERGENCY	
251.60	
EMERGENCY	
251.70	
EMERGENCY	
251 APPENDIX A	
EMERGENCY	
251.ILLUSTRATION A	
EMERGENCY	
251.ILLUSTRATION B	
EMERGENCY	

AUTHORITY: Implementing and authorized by Section 7 of the Fire Equipment Distributor and Employee Regulation Act (Ill. Rev. Stat. 1988 Supp., ch. 111, par. 8007).

SOURCE: Emergency rules adopted at 14 Ill. Reg. 8194 effective May 14, 1990 for a maximum of 150 days.

NOTE: Capitalization denotes statutory language.

Section 251.10 Definitions
EMERGENCY

"ACT" means the Fire Equipment Distributor and Employee Regulation Act, (Ill. Rev. Stat. 1988 Supp., ch. 111, par. 8001 et seq.)

"EMPLOYEE" MEANS A LICENSEE OR A PERSON WHO IS CURRENTLY EMPLOYED BY A DISTRIBUTOR LICENSED UNDER THE ACT WHOSE FULL OR PART TIME DUTIES INCLUDES SERVICING, RECHARGING, HYDROTESTING, INSTALLING, MAINTAINING, OR INSPECTING ALL TYPES OF FIRE EXTINGUISHING DEVICES OR SYSTEMS, OTHER THAN WATER SPRINKLER SYSTEMS.

OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF EMERGENCY RULES

THE TERM DOES NOT APPLY TO AN OFFICER OR EMPLOYEE OF THIS STATE OR OF THE FIRE DEPARTMENT OR FIRE PROTECTION DISTRICT OF ANY POLITICAL SUBDIVISION OF THIS STATE, WHILE SUCH OFFICER OR EMPLOYEE IS ENGAGED IN THE PERFORMANCE OF HIS OFFICIAL DUTIES WITHIN THE COURSE AND SCOPE OF HIS EMPLOYMENT WITH THIS STATE, OR WITH ANY POLITICAL SUBDIVISION. HOWEVER, ANY SUCH PERSON WHO OFFERS HIS SERVICES AS A PRIVATE FIRE EQUIPMENT DISTRIBUTOR EMPLOYEE, OR ANY TITLE WHERE SIMILAR SERVICES ARE PERFORMED FOR COMPENSATION, FEE, OR OTHER VALUABLE CONSIDERATION, WHETHER RECEIVED DIRECTLY OR INDIRECTLY, SHALL BE SUBJECT TO THIS ACT AND ITS LICENSING REQUIREMENTS. The term employee does not include a person who is employed by a CORPORATION EMPLOYING 2000 OR MORE EMPLOYEES WITHIN THE STATE OF ILLINOIS, THAT ENGAGES IN SUCH ACTIVITIES INCIDENTAL TO ITS OWN BUSINESS. Employees are those persons who receive an Internal Revenue Service Form W-2 for wages. (Section 2(a) of the Act)

"FIRE EQUIPMENT DISTRIBUTOR" MEANS ANY PERSON, COMPANY OR CORPORATION WHICH SERVICES, RECHARGES, HYDROTESTS, INSPECTS, INSTALLS, MAINTAINS, ALTERS, REPAIRS, REPLACES, OR SERVICES FIRE EXTINGUISHING DEVICES OR SYSTEMS, OTHER THAN WATER SPRINKLER SYSTEMS FOR CUSTOMERS, CLIENTS OR THIRD PARTIES. FIRE EQUIPMENT DISTRIBUTOR DOES NOT INCLUDE A PERSON, COMPANY OR CORPORATION EMPLOYING 2000 OR MORE EMPLOYEES WITHIN THE STATE OF ILLINOIS WHICH ENGAGES IN SUCH ACTIVITIES INCIDENTAL TO ITS OWN BUSINESS. (Section 2(d) of the Act)

"OFFICE" means Office of the Illinois State Fire Marshal.

Section 251.20 Fire Equipment Distributor Applications
EMERGENCY

Any person applying for a license as a Fire Equipment Distributor shall make an application to the State Fire Marshal's Office on the forms provided. See 251.Illustration A.

- a) Persons using sub-contractors to fulfill hydrostatic testing, cylinder drying, and refilling. The Sub-Contractor shall provide a copy of the U.S. Department of Transportation certificate of Approval for hydrostatic testing. The Licensed Fire Equipment Distributor shall inform the Office of the State Fire Marshal of any change in sub-contractors after the date of the initial application and shall provide the Office of the State Fire Marshal with copy of the new sub-contractors Department of Transportation approval.

OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF EMERGENCY RULES

- b) Any licensed Fire Equipment Distributor which changes its name, address, or business organization (partnership, corporation, or sole proprietorship) shall inform the Office of the State Fire Marshal within fifteen (15) days.

Section 251.30 Grounds for Refusal to Issue, Suspend, or Revoke Licenses
EMERGENCY for Fire Equipment Distributors and Employees

The Office of the State Fire Marshal shall refuse to issue a license to a Fire Equipment Distributor and Employees under the following circumstances:

- a) Violation of any of the acts referred to in Section 17 of the Act, unless the Distributor demonstrates that he has been sufficiently rehabilitated to warrant the public trust.
- b) Failure to file a return, or to pay the tax, penalty or interest, shown in a file return, or to pay any final assessment of tax, penalty or interest as required by any act administered by the Illinois State Department of Revenue, until such time as the requirements of any such tax act are satisfied.
- c) Failure to complete all required portions of the application or to answer any further questions as the Fire Marshal's office may request from the Distributor when the application discloses incomplete information, irregularities, or material which is believed to be false.
- d) Failure to pay the fees required by Section 10 of the Act.
- e) Any person aggrieved from such decision to refuse to issue, suspend or revoke a license will be entitled to an administrative hearing as described in Section 19 of the Act. Such hearing shall be conducted in accordance with the rules established in 41 Ill. Adm. Code 210, and the requirements contained in Sections 19, 20 and 21 of the Act.

Section 251.40 Term of License.
EMERGENCY

License shall be good for one year from the date of issue. The date of issue for all persons applying under the initial application shall bear the date of May 31, 1990, and will expire on May 31, 1991.

- a) All persons currently engaged in being a Fire Equipment Distributor must complete and file the necessary forms, together with payment of necessary fees, by June 15, 1990.
- b) Distributors shall have until January 1, 1991 to fulfill the requirements of the "Minimum Equipment" contained in Table A of Part 250 for the requisite class of license.

OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF EMERGENCY RULES

Section 251.50 Fees
EMERGENCY

The Office of the State Fire Marshal, in accordance with the requirements set forth in Section 10 of the Act, hereby establishes the following fees:

- a) To be a licensed fire equipment distributor:
 - 1) An initial license fee of \$100.00 for each class of license applied.
 - 2) An annual registration fee of \$1000.00 for each class of license requested, or \$500.00 for each Class A or B license sought if the distributor:
 - A) Has fewer than five (5) employees licensed under this Act; and
 - B) Does not hold, or has not applied for a Class C Fire Equipment Distributor License.
- b) Each employee seeking a Class 1, 2, or 3 license shall provide, with the application, a fee of \$20.00 for each class of license sought by that employee.
- c) A fee of \$50.00 is required if a check or other order is returned by a financial institution because of insufficient funds. An additional fee of \$100.00 shall be imposed for practicing without a current license if the license has lapsed.
- d) The "lapsed" license fee of \$100.00 for each class for a distributor whose license has lapsed more than 30 days, or \$20.00 for each employee license which has lapsed for more than 30 days.
- e) If a fire equipment distributor has more than one office in this state and requires a branch office license, a fee of \$50.00 will be assessed for each branch office license fee.
- f) A lost license, change of name, or change of address will be assessed a \$20.00 fee.

Section 251.60 Employee Provisional Licenses.
EMERGENCY

Each employee who is employed by a fire equipment distributor on May 31, 1990 shall have until May 31, 1991, to pass the requisite examination applicable to the class or classes for which the applicant has applied.

OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF EMERGENCY RULES

- a) Applicants for Class B licenses for restaurant hood and duct systems must take and pass the examination applicable for the manufacturer of equipment that the applicant intends to service and install.
- b) Only those persons who appear on the list of employees submitted with the initial application for the license for a fire equipment distributor and whose fire equipment distributor has filed his application for license together with all supporting documents and requisite fees, shall be issued a Provisional License for one (1) year. By the end of the one (1) year period of time, the employee must pass the requisite examination, and a person not passing the examination will not be eligible for an additional license, but may be eligible under the apprenticeship provisions provided in Part 250.
- c) Employees must complete and submit application forms by June 15, 1990 to be eligible for a Provisional License. See Appendix A, Illustration 2 for application form.

Section 251.70 Required Equipment
EMERGENCY

After January 1, 1991, all fire equipment distributors shall have the requisite tools and equipment as specified in Part 250.

OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF EMERGENCY RULES

Section 251.APPENDIX A Forms and Applications
EMERGENCY

- a) Introduction: The purpose of this Supplement is to provide the distributor and their employees with specifications and illustrations of applications to be completed for licensure of the distributor and their employees as referred to in Part 251. The applications are found in Illustration A and B.

Section 251.ILLUSTRATION A Distributor Application

- a) The distributor is to complete and sign the application, include applicable fees and return it to the Office of the State Fire Marshal for processing and issuance of license. The license will be issued annually, and all disclosure information must be included for processing.
- b) The application will be a three part, carbonless form. The distributor is to return the original and fiscal copy, with applicable fees and disclosure information to the Office of the State Fire Marshal.
- c) The application shall be as the following examples on the next page.

OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF EMERGENCY RULES

OFFICE OF THE STATE FIRE MARSHAL

Division of Fire Prevention
1035 Stevenson Drive
Springfield, Illinois 62703-4259

FOR OFFICE USE ONLY

LICENSE #:
DATE ISSUED:
ISSUED BY:
FACILITY:

APPLICATION
FIRE EQUIPMENT DISTRIBUTOR'S LICENSE

Any person, corporation, partnership or other business entity which applies for an Illinois Distributor's License under the "Fire Equipment Distributor and Employee Regulation Act" (P.A. 85-1434) is required to register and submit disclosure information to the Illinois Office of the State Fire Marshal. Failure to provide any information will result in this form not being processed.

*****PLEASE PRINT*****

BUSINESS NAME

ADDRESS

CITY/STATE/ZIP CODE

CONTACT PERSON

()

BUSINESS PHONE

PLEASE CHECK TYPE OF LICENSE APPLYING FOR:

☐ Class A- Will service, recharge, hydro-test, install, maintain, or inspect all types of fire extinguishers.

☐ Class B- Will service, recharge, hydro-test, install, maintain, or inspect pre-engineered fire extinguishing systems.

Current Distributor for which Manufacturer(s):

☐ Class C- Will service, repair, hydro-test, inspect and engineer all types of engineered fire suppression systems.

Have you completed the Attachment listing all employees presently in your employ who will be required to be licensed under this Act? Yes No

FEE ENCLOSED: \$ (Refer to Fee Schedule)

I have read Public Act 85-1434 and to the best of my knowledge meet all the requirements of the law. I hereby certify that all information contained herein and on all attachments are true and correct to the best of my knowledge.

SIGNATURE

DATE

THIS APPLICATION WILL SERVE AS YOUR INVOICE. PLEASE RETURN ORIGINAL AND FISCAL COPIES, ALONG WITH YOUR CHECK OR MONEY ORDER (NO CASH) FOR THE APPLICABLE FEES PAYABLE TO THE OFFICE OF THE STATE FIRE MARSHAL.

FORM ()

OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF EMERGENCY RULES

Section 251. ILLUSTRATION B Employee Application

- a) The employee is to complete and sign the application, include applicable fees and return it to the Office of the State Fire Marshal for processing and scheduling for examination.
- b) The "provisional" license will be issued allowing the employee until May 31, 1991 to successfully pass the examination.
- c) When the employee passes the examination, he will be issued a laminated, photo identification card which will serve as the employees official license.
- d) The application shall be as the following example on the next page.

OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF EMERGENCY RULES

OFFICE OF THE STATE FIRE MARSHAL
Division of Fire Prevention
1035 Stevenson Drive
Springfield, Illinois 62703-4259

FOR OFFICE USE ONLY

ID. NUMBER: _____
DATE ISSUED: _____
ISSUED BY: _____

APPLICATION

FIRE EQUIPMENT DISTRIBUTOR EMPLOYEE LICENSE

Any Fire Equipment Distributor Employee who applies for an Illinois license under the "Fire Equipment Distributor and Employee Regulation Act" (Public Act 85-1434) whether employed on a full or part-time basis, shall not, under any circumstances, act or assume to act as a licensed distributor representative unless such person is licensed by the Office of the Illinois State Fire Marshal.

Applicant is required to register and submit disclosure information to the Office of the Illinois State Fire Marshal. Failure to do so will result in this form not being processed. Please provide 2 1"x1" photographs, the applicable fees, and the following information:
*****PLEASE PRINT*****

NAME _____ EMPLOYER/DISTRIBUTOR NAME _____
ADDRESS _____ ADDRESS _____
CITY/STATE/ZIP CODE _____ CITY/STATE/ZIP CODE _____
SOCIAL SECURITY NUMBER _____ DIST. LICENSE # _____
() PHONE NUMBER _____

PLEASE CHECK TYPE(S) OF CLASSIFICATION APPLYING FOR:

- ☐ Class 1 - Will service, recharge, hydro-test, install, maintain, or inspect all types of fire extinguishers.
- ☐ Class 2 - Will service, recharge, hydro-test, install, maintain or inspect pre-engineered fire suppression systems.
- ☐ Class 3 - Will service, repair, hydro-test, inspect or engineer all types of engineered fire suppression systems.

License will be issued under the following conditions:

- (a) Applicant must pass a written examination, and (b) Pay an annual fee of \$20.00 per classification.

Examinations shall be at such times and places as the Office of the State Fire Marshal may determine, but shall be given at least quarterly.

Did you receive an IRS Form W-2 Yes _____ No or an IRS Form 1099 Yes _____ No from the Distributor last year?

EMPLOYEE SIGNATURE _____ DATE _____

EMPLOYER SIGNATURE _____

THIS APPLICATION WILL SERVE AS YOUR INVOICE. PLEASE RETURN THE ORIGINAL AND THE FISCAL COPIES, ALONG WITH YOUR CHECK OR MONEY ORDER (NO CASH) FOR THE APPLICABLE FEES PAYABLE TO THE OFFICE OF THE STATE FIRE MARSHAL. FORM ()

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
(Continued Page 3)

When asked to comment on the inconsistency between the rules and the Act concerning the minimum age of youths who may be served by youth emergency shelters, the Department explained that it believes that children under 14 years of age would not receive adequate supervision in an emergency shelter. The Department further explained that emergency shelters are intended to provide minimal services and to refer youth for other more extensive types of child welfare services. The Department indicated its belief that, because of the limited hours of operation of emergency shelters (6:00 p.m. to 9:00 a.m.) and the minimal supervision provided at the shelters, admission of children under 14 to emergency shelters would constitute neglect and therefore would violate the Abused and Neglected Child Reporting Act. Also, according to the Department, many of the child welfare agencies and other groups that commented on the rules requested that a minimum age be established for emergency shelter services.

By specifying a minimum age of 14 for homeless youths that are eligible for the services of youth emergency shelters, the Department's rules are in conflict with Section 2.21 of the Child Care Act of 1969. The Act specifies that a youth emergency shelter shall provide overnight shelter and referral for other services to homeless youth under 18 years of age. The Act clearly defines a homeless youth as a person under the age of 21 who cannot be reunited with his or her family and is not in a safe and stable living situation. It is axiomatic that where the language of the statute is unambiguous, its plain meaning is conclusive "absent a clearly expressed legislative intention to the contrary." Consumer Product Safety Commission v. GTE Sylvania Inc., 447 U.S. 102 (1980). In limiting youths that may be served by emergency shelters to those 14 years of age and older, the Department's rules are contrary to the authorizing statute. The Department cannot use the rulemaking process to enlarge the scope of the law, i.e., specifying a minimum age of 14 for youth emergency shelter services when the Act specifies that such shelters shall provide overnight shelter to youths 18 and under.

Therefore, the Joint Committee objects to Sections 410.20 and 410.60 of the rules of the Department of Children and Family Services entitled "Licensing Standards for Youth Emergency Shelters" (89 Ill. Adm. Code 410) because, by establishing a minimum age of 14 years for homeless youths that may be admitted to a youth emergency shelter licensed by the Department, the rules conflict with Section 2.21 of the Child Care Act of 1969.

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JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
(Continued Page 2)

Section 410.60 of the rules specifies provisions pertaining to the license including the length of license validity, Department approval for changes in license status, and restrictions on emergency shelter capacity. Section 410.60(a) states:

An emergency shelter which provides shelter for youth from the age of 14 to 18 shall be licensed under this Part. A youth emergency shelter may shelter persons up to the age of 21. A youth emergency shelter shall not shelter any person over the age of 21 or under the age of 14 except that the children of homeless youth may be sheltered with their parents.

Section 2.21 of the Child Care Act of 1969 (Ill. Rev. Stat. 1987, ch. 23, par. 2212.21), as added by Public Act 86-278, effective January 1, 1990, defines "youth emergency shelter" to mean:

a child care facility licensed by the Department to provide overnight shelter, and referral for other services, to homeless youth under 18 years of age in accordance with the requirements of this Act and applicable rules of the Department.

In addition, Section 2.01a of the Act states:

"Homeless youth" has the same meaning as in Section 5 of "An Act creating the Department of Children and Family Services, codifying its powers and duties, and repealing certain Acts and Sections herein names", approved June 4, 1963, as amended.

Section 5 of "An Act creating the Department of Children and Family Services" provides:

The term "homeless youth" means persons found within the State who are under the age of 21, are not in a safe and stable living situation and cannot be reunited with their families.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLYJOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION

STATEMENT OF OBJECTION

DEPARTMENT OF FINANCIAL INSTITUTIONS

DEPARTMENT OF FINANCIAL INSTITUTIONS
(Continued Page 2)

Heading of Part: Title Insurance Act

Code Citation: 50 Ill. Adm. Code 8100

Section Numbers: 8100.600

Date Originally Published in Illinois Register: January 5, 1990
14 Ill. Reg. 16

At its meeting on May 8, 1990, the Joint Committee on Administrative Rules objected to the above proposed rulemaking. Failure of the agency to respond within 90 days of receipt of the Statement of Objection shall constitute withdrawal of the proposed rulemaking in its entirety.

The specific objections are as follows:

Objection 1

The Joint Committee objects to Section 8100.600 of the rules of the Department of Financial Institutions entitled "Title Insurance Act" because the Department lacks the statutory authority to require that any reinsurance of liability under a title insurance policy, on risks located in Illinois, shall be obtained from a company certified by the Department.

Section 8100.600 of the Title Insurance Act rules of the Department of Financial Institutions deals with the subject of reinsurance. Reinsurance is the practice whereby an insurance company procures a third party to insure the company against loss or liability by reason of the original insurance. Section 8100.600(a) quotes Section 18(a) of the Title Insurance Act which provides that the requirements of Section 18 are limited to residential properties of 4 or fewer units, at least one of which units is to be occupied by an owner. Section 8100.600(b) states "Any reinsurance of liability under a title insurance policy issued on risks located in this state shall be obtained from a company certified by this Department."

The Department was asked to cite the statutory authority for its regulation of reinsurance, especially in light of Section 3(1) of the Act which provides that the "business of guaranteeing or insuring titles to real estate means . . . other than reinsurance."

The Department explained that Section 8100.600 is not beyond the scope of the Department's statutory authority and, indeed, is an integral part of the Department's regulation of the title insurance industry. The

Department contends that although the definition of title insurance found in Section 3(1) specifically excludes reinsurance, that does not mean that the General Assembly intended to preclude the Department from regulating reinsurers. The Department explained that the definition merely provides that reinsurance does not fall within the definition of title insurance and therefore reinsurers are not subject to all of the requirements for insurers under the Title Insurance Act.

The Department explained that it quoted Section 18(a) of the Title Insurance Act as Section 8100.600(a) because the Department's rule is grounded in the Department's authority under Section 18 of the Act. Section 8100.600(b) requires that reinsurers be certified by the Department. It was explained that the certification requirement of Section 8100.600(b) is related to the requirements of Section 18 of the Act, which proscribes in Section 18(b) certain types of referrals of business, absent disclosure of the financial interests of the referring party. Section 18(c) also sets forth requirements for disclosure of certain persons or entities holding financial interests in title insurance companies, independent escrowees and title insurance agents. The Department explained that Section 8100.600(b) sets forth a similar requirement. It requires that there be a disclosure of reinsurers utilized by a title insurance company.

The Department argued that the rule is not inconsistent with Section 3(1) of the Title Insurance Act. Section 3(1) provides that the definition of the "business of guaranteeing or insuring titles to real estate" does not include reinsurance." However, the Department stated that the reference in this definition to the exclusion of reinsurance does not mean that the Department may not require certification of reinsurers. To forbid the Department from requiring certification of the reinsurers would in the view of the Department, block the Department from the ability to effectively regulate the title insurance industry. The Department explained that reinsurance is central to title insurance. If the Department can not require, through the certification process, that only reputable and solvent reinsurers are utilized, it will be unable to effectively regulate the title insurance industry.

Despite the Department's arguments to the contrary, it does not appear that the Department possesses the statutory authority for Section 8100.600. Section 18 of the Act does not appear to grant the Department the statutory authority to regulate reinsurance. Section 18 does not mention reinsurance. Section 18 sets forth certain disclosure and reporting requirements of title insurance companies, independent

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION

DEPARTMENT OF FINANCIAL INSTITUTIONS
(Continued Page 3)

escrowees or title insurance agents which are unrelated to the issue of reinsurance.

Section 3(1) of the Act, however, mentions reinsurance. Section 3(1) specifically excludes reinsurance from the definition of the "business of guaranteeing or insuring titles to real estate." The Department's argument to the contrary notwithstanding, the Department is not free to require certification of reinsurers. Reinsurance has been specifically excepted from the "business of guaranteeing or insuring titles to real estate." As "the business of guaranteeing or insuring titles to real estate" is the Department's area of regulation, it seems clear that the General Assembly meant to preclude the Department from regulating reinsurers. The Title Insurance Act differs from the Insurance Code in its treatment of the subject of reinsurance. Unlike the Title Insurance Act, the Insurance Code has specific provisions which detail the parameters of the authority of the Department of Insurance to regulate reinsurance of types of insurance other than title insurance (Ill. Rev. Stat. 1987, ch. 73, pars. 785-791). Had the General Assembly meant to authorize the Department to regulate reinsurance it seems clear that it could and would have specifically granted such authority. Such authority was not granted and the Department has pointed to nothing in the legislative history of the Title Insurance Act that would lead to a contrary conclusion.

The Department argues that as reinsurance has a direct connection to the insurer (the consumer), the only method to assure the solvency of the reinsurance underwriter through deposits and reserves is to require certification. The Department contends that to conclude otherwise, allows for potential fraud on the consumer by having reinsurance placed with an underwriter of questionable solvency.

Admittedly, the Department has articulated some appealing policy arguments for Section 8100.600. However appealing the Department's rule may be from a policy standpoint, the Department simply lacks the statutory authority to regulate reinsurers. If the Department feels it advisable to regulate reinsurers, the proper way to go about such regulation is to seek legislation to grant the Department specific statutory authority for such regulation. The Department has attempted to amend the Title Insurance Act through rulemaking. Such an action is impermissible.

Therefore, the Joint Committee objects to Section 8100.600 of the rules of the Department of Financial Institutions entitled "Title Insurance Act" because the Department lacks the statutory authority to require that any

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION

DEPARTMENT OF FINANCIAL INSTITUTIONS
(Continued Page 4)

reinsurance of liability under a title insurance policy, on risks located in Illinois, shall be obtained from a company certified by the Department.

Objection 2

The Joint Committee objects to Section 8100.1810 of the Title Insurance Act rules of the Department of Financial Institutions because the Department lacks the statutory authority to require that "no producer of title business or associate of a producer shall require, directly or indirectly, or through any officer, agent or affiliate, as a condition or agreement to furnishing any person or persons any loan, or extension thereof, credit, contract, lease or service that such producer or associate of a producer shall place, any title insurance business through any particular title agent or agents or title insurance company or companies."

Section 8100.1810 of the title insurance rules of the Department of Financial Institutions is entitled "Favored Title Insurance Company or Title Agent". Section 8100.1810 states that the application of the Section is limited to a single family residence or residential unit which is occupied by an owner, legal or beneficial. Section 8100.1810(b) provides that no producer of title business shall require either directly or indirectly as a condition or agreement to furnish any person with a loan or extension of credit that title insurance be placed through any particular title insurance agent or company. The Department was asked to explain the statutory authority for this rule.

The Department noted that it feels that this Section of the rules is clearly required to assure legitimate competition in the title insurance business. The Department explained that Section 2T of the Consumer Fraud and Deceptive Business Practices Act (Ill. Rev. Stat. 1988 Supp., ch. 121 1/2, par. 262T) states that "no person, firm, corporation, partnership or association which may extend credit or make a loan secured by an interest in real estate . . . shall require either directly or indirectly, as a condition precedent to making such loan or extending such credit (a) that any seller, borrower, mortgagor or debtor to whom such money or credit is extended negotiate, obtain or contract for title insurance through a particular insurer, agent or broker." The Department advised that Section 8100.1810 implements Section 2T of the Consumer Fraud and Deceptive Business Practices Act.

The Department noted that Section 8100.1810 would not be precluded by federal law. The federal Real Estate Settlement Procedures Act (RESPA) (12 U.S.C. 2601 et seq.) is not preemptive. The Department pointed

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION

DEPARTMENT OF FINANCIAL INSTITUTIONS
(Continued Page 5)

out that RESPA provides that any State law which is more restrictive than RESPA is allowable so long as the law gives more protection to the consumer. The Department stated that what it has done is draft a provision that creates a level playing field which directly benefits the consumer.

The Department is correct that Section 8100.1810 parallels the requirements of the Consumer Fraud and Deceptive Business Practices Act. The Department is also correct that Section 8100.1810, probably does not violate RESPA. However, the Department lacks the statutory authority under the Title Insurance Act to adopt Section 8100.1810.

The Department's authority to regulate the field of title insurance emanates from the Title Insurance Act. A review of the Title Insurance Act does not disclose any provision which would authorize Section 8100.1810. The Department may not rely upon the Consumer Fraud and Deceptive Business Practices Act as statutory authority for the rule. Section 7 of the Consumer Fraud and Deceptive Business Practices Act provides that the Attorney General or a State's Attorney may bring an action based upon a violation of the Act, while Section 10a of the Consumer Fraud and Deceptive Business Practices Act allows any person who suffers damage as a result of a violation of the Act to bring an action against the person who caused the damage by virtue of the violation. No right of action by the Department of Financial Institutions is either expressly or impliedly granted by the Consumer Fraud and Deceptive Business Practices Act. The Department of Financial Institutions has not been granted rulemaking authority under the Consumer Fraud and Deceptive Business Practices Act. The Attorney General is the entity who has adopted rules under the Consumer Fraud and Deceptive Business Practices Act.

The Department may not rely upon its grant of rulemaking authority under Section 6a of the Financial Institutions Code (Ill. Rev. Stat. ch. 17, par. 6a) as the basis for Section 8100.1810. Section 6a grants the Director of the Department of Financial Institutions the authority to "adopt reasonable rules with respect to the administration and enforcement of any Act the administration of which is vested in the Director or the Department." As noted above, the particular actions which are the subject of Section 8100.1810 are actions addressed by the Consumer Fraud and Deceptive Business Practices Act, not the Title Insurance Act. The Department of Financial Institutions is not charged with the administration of the Consumer Fraud and Deceptive Business Practices Act, and as a result the Department lacks the statutory

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION

DEPARTMENT OF FINANCIAL INSTITUTIONS
(Continued Page 6)

authority under Section 6a of the Financial Institutions Code to adopt Section 8100.1810.

The Department has argued that there are valid policy reasons for the adoption of Section 8100.1810. The Department may well be correct in this conclusion. However, the Department is constrained in its rulemaking activities by the terms of the Title Insurance Act. As the subject of Section 8100.1810 is not prescribed by the Title Insurance Act, the Department may not expand the scope of the Act by rulemaking in order to achieve what it feels is a valid policy objective. Neither may the Department by rulemaking, in effect, amend the Consumer Fraud and Deceptive Business Practices Act to create an enforcement power on behalf of the Department not authorized by the terms of that Act. The proper course of action is for the Department to seek legislation to amend the Title Insurance Act or the Consumer Fraud and Deceptive Business Practices Act if it feels there is a need for Section 8100.1810.

Therefore, the Joint Committee objects to Section 8100.1810 of the Title Insurance Act rules of the Department of Financial Institutions because the Department lacks the statutory authority to require that "no producer of title business or associate of a producer shall require, directly or indirectly, or through any officer, agent or affiliate, as a condition or agreement to furnishing any person or persons loan, or extension thereof, credit, contract, lease or service that such producer or associate of a producer shall place, any title insurance business through any particular title agent or agents or title insurance company or companies."

Objection 3

The Joint Committee objects to Section 8100.2160 of the Title Insurance rules of the Department of Financial Institutions because the Department lacks the statutory authority to adopt a rule which details administrative procedures by which certified or registered parties may allege violations of the Title Insurance Act by other certified or registered parties and the Department may direct the complainant and respondent to appear and submit evidence on the complaint before a hearing officer.

Section 8100.2160 states that where the Department receives a complaint from a certified or registered party about another certified or registered party which alleges conduct or a practice which could result in denial, suspension or revocation of any certificate of authority the Department may direct the complainant to prepare and submit to the Department an administrative complaint which sets forth specific allegations which could

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION

DEPARTMENT OF FINANCIAL INSTITUTIONS
(Continued Page 7)

result in adverse action. The Department may also direct the complainant and respondent to appear and submit evidence on the complainant before a hearing officer. Subsequent to the hearing, an order may be entered by the Director. The Department was asked to explain the statutory authority for this administrative procedure.

The Department explained that pursuant to Section 20 of the Act it "may adopt rules and regulations as needed to implement and interpret the provisions of this Act." The Department also noted that Section 21 of the Act authorizes the Director to suspend or revoke any certificate of authority, registration or license in the event that a violation of the Act is found. The Department advised that Section 8100.2160 is another enforcement mechanism for the Act and allows the Department to maximize its resources by allowing parties to initiate administrative proceedings to prove violations of the Act on the part of competitors.

The Department noted that Section 8100.2160 provides for the resolution of disputes only between parties certified or registered by the Department. The Department asserted that the procedure will be extremely helpful when the complaining party claims to have evidence in its control of violations against a respondent and is ready to present the evidence through the administrative hearing process. The Department indicated that it feels that expeditious dispute resolution benefits all parties and especially the consumer who is most affected when violations of the Act are not corrected. Finally, the Department stated that the Department oversees each aspect of the Section's procedure including the provision for sanctions for its misuse.

The Department lacks the statutory authority under Section 20 of the Act, as well as under the Title Insurance Act generally, to establish a procedure whereby a party may bring an administrative complaint about another party before the Department. Section 20 provides that the Department may adopt rules to implement and interpret the provisions of the Title Insurance Act. Section 8100.2160 neither implements nor interprets any provision of the Act. Rather, Section 8100.2160 creates a new administrative forum for disputes between parties which is absent from the Act. The Department also lacks the statutory authority under Section 21 of the Act to adopt this rule. While Section 21 grants the Department the authority to suspend or revoke any certificate of authority registration or license based upon certain violations of the Act, it does not grant the Department carte blanche authority to invent any procedure it sees fit in order to determine whether violations of the Act exist. The decision to suspend or revoke must be made pursuant to the

ILLINOIS REGISTER 8216 90

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION

DEPARTMENT OF FINANCIAL INSTITUTIONS
(Continued Page 8)

procedures for determining violations set forth in the Act. The Act provides no authority for the procedure set forth in Section 8100.2160.

While the Department has argued that because of its limited resources this administrative procedure is a necessary portion of its ability to effectively enforce the Title Insurance Act, the Department may not go beyond the scope of the Act to invent enforcement mechanisms. If the General Assembly had seen fit to include such an administrative proceeding in the Department's arsenal of enforcement weapons it could have done so. The Department has pointed to nothing in the legislative history of the Title Insurance Act that would lead to the conclusion that the General Assembly ever contemplated that such an administrative procedure should be established by the Department. The General Assembly did not grant the Department such authority.

There are presently two ways in which these types of issues could and should be addressed in the absence of Section 8100.2160; consistent with the Title Insurance Act. First, the Department has investigative and enforcement powers under the Act which it may use in response to a complaint of a violation of the Act. The Department can conduct investigations, initiate administrative actions and go forward with proving such violations in an administrative proceeding. Section 8100.2160 impermissibly shifts this burden to complainants from the Department. Second, complaining parties also have recourse to the circuit courts if there is an allegation of an impermissible activity by another registered or certified party.

In attempting to set up the administrative procedure detailed in Section 8100.2160, the Department is impermissibly modifying the scope of the Title Insurance Act through rulemaking. It has been the consistent position of the Joint Committee over the years that agencies may not adopt rules which have effects which are tantamount to amending law through rulemaking.

Therefore, the Joint Committee objects to Section 8100.2160 of the Title Insurance rules of the Department of Financial Institutions because the Department lacks the statutory authority to adopt a rule which details administrative procedure by which certified or registered parties may allege violations of the Title Insurance Act by other certified or registered parties and the Department may direct the complainant and respondent to appear and submit evidence on the complaint before a hearing officer.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION

DEPARTMENT OF FINANCIAL INSTITUTIONS
(Continued Page 10)

Objection 4

The Joint Committee objects to Section 8100.2400 of the rules of the Department of Financial Institutions entitled "Title Insurance Act", because the reference to the words "or criminal action" is beyond the statutory authority of the Department pursuant to the Title Insurance Act.

Section 8100.2400, entitled "Preamble", introduces the Department of Financial Institutions policy regarding the relevant law, regulations, and opinions which the Director is to follow, the Department's basis for determining violations under Section 24 of the Act, and illustrative acts and practices in Illinois marketplace transactions which can result in the initiation of administrative, civil, or criminal action. The Department notes that its policy is to assure that the rules "accurately reflect the conduct sought to be prohibited by Section 24 of the Act."

Section 24 of the Title Insurance Act states:

Except as permitted by this Act or by federal law, regulations or opinion letters, no person shall pay or accept, directly or indirectly, any commission, discount, referral fee or other consideration as inducement or compensation for the referral of title business or for the referral of any escrow or other service from a title insurance company, independent escrowee or title insurance agent.

Any violation of this Section 24 is a Class A misdemeanor.

The Department was asked to provide its authority for the Section 8100.2400 determination that certain violative acts and practices will be punished under criminal law, as Section 24 of the Title Insurance Act does not provide appropriate guidance for the Department to establish whether or not an act is a criminal action.

The Department replied that it had not intended to create any category of prohibited criminal conduct in the Preamble or the Standards of Conduct in Section 8100.2402. While some violative acts may be found to be punishable in the circuit courts of the State of Illinois under criminal law, the Department did not intend to imply that it would initiate criminal action against parties found to be in violation. As the current language in Section 8100.2400 states "or criminal action" and creates

ambiguity in the rule concerning what is or is not criminal behavior as well as who will initiate criminal action, it appears appropriate to object to the language "or criminal action" so that the Department can modify the rule in response to the Joint Committee's objection.

Therefore, the Joint Committee objects to Section 8100.2400 of the rules of the Department of Financial Institutions entitled "Title Insurance Act", because the reference to the words "or criminal action" is beyond the statutory authority of the Department pursuant to the Title Insurance Act.

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JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF RECOMMENDATION

DEPARTMENT OF FINANCIAL INSTITUTIONS

Heading of Part: Title Insurance Act

Code Citation: 50 Ill. Adm. Code 8100

Section Numbers: 8100.600

Date Originally Published in Illinois Register: January 5, 1990
14 Ill. Reg. 16

At its meeting on May 8, 1990, the Joint Committee recommended that the Department of Financial Institutions seek legislation relating to the above-referenced rulemaking. The Department should respond within 90 days of the receipt of this Statement of Recommendation.

The specific recommendation is as follows:

The Joint Committee suggests to the Department of Financial Institutions that if the Department believes it should be authorized to adopt a rule which requires that any reinsurance liability under a title insurance policy on risks located in Illinois be obtained from a company certified by the Department, the Department should seek legislation amending the Title Insurance Act to grant the Department the statutory authority to require certification of reinsurers.

Section 8100.600 of the Title Insurance Act rules of the Department of Financial Institutions deals with the subject of reinsurance. Reinsurance is the practice whereby an insurance company procures a third party to insure the company against loss or liability by reason of the original insurance. Section 8100.600(a) quotes Section 18(a) of the Title Insurance Act which provides that the requirements of Section 18 are limited to residential properties of 4 or fewer units, at least one of which units is to be occupied by an owner. Section 8100.600(b) states "Any reinsurance of liability under a title insurance policy issued on risks located in this state shall be obtained from a company certified by this Department."

The Department was asked to cite the statutory authority for its regulation of reinsurance, especially in light of Section 3(1) of the Act which provides that the "business of guaranteeing or insuring titles to real estate means . . . other than reinsurance. . . ."

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF RECOMMENDATION

DEPARTMENT OF FINANCIAL INSTITUTIONS
(Continued Page 2)

The Department explained that Section 8100.600 is not beyond the scope of the Department's statutory authority and, indeed, is an integral part of the Department's regulation of the title insurance industry. The Department contends that although the definition of title insurance found in Section 3(1) specifically excludes reinsurance, that does not mean that the General Assembly intended to preclude the Department from regulating reinsurers. The Department explained that the definition merely provides that reinsurance does not fall within the definition of title insurance and therefore reinsurers are not subject to all of the requirements for insurers under the Title Insurance Act.

The Department explained that it quoted Section 18(a) of the Title Insurance Act as Section 8100.600(a) because the Department's rule is grounded in the Department's authority under Section 18 of the Act. Section 8100.600(b) requires that reinsurers be certified by the Department. It was explained that the certification requirement of Section 8100.600(b) is related to the requirements of Section 18 of the Act, which proscribes in Section 18(b) certain types of referrals of business, absent disclosure of the financial interests of the referring party. Section 18(c) also sets forth requirements for disclosure of certain persons or entities holding financial interests in title insurance companies, independent escrowees and title insurance agents. The Department explained that Section 8100.600(b) sets forth a similar requirement. It requires that there be a disclosure of reinsurers utilized by a title insurance company.

The Department argued that the rule is not inconsistent with Section 3(1) of the Title Insurance Act. Section 3(1) provides that the definition of the "business of guaranteeing or insuring titles to real estate" does not include reinsurance. However, the Department stated that the reference in this definition to the exclusion of reinsurance does not mean that the Department may not require certification of reinsurers. To forbid the Department from requiring certification of the reinsurers would in the view of the Department, block the Department from the ability to effectively regulate the title insurance industry. The Department explained that reinsurance is central to title insurance. If the Department can not require, through the certification process, that only reputable and solvent reinsurers are utilized, it will be unable to effectively regulate the title insurance industry.

Despite the Department's arguments to the contrary, it does not appear that the Department possesses the statutory authority for Section 8100.600. Section 18 of the Act does not appear to grant the Department the statutory authority to regulate reinsurance. Section 18

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF RECOMMENDATION

DEPARTMENT OF FINANCIAL INSTITUTIONS
(Continued Page 3)

does not mention reinsurance. Section 18 sets forth certain disclosure and reporting requirements of title insurance companies, independent escrowees or title insurance agents which are unrelated to the issue of reinsurance.

Section 3(1) of the Act, however, mentions reinsurance. Section 3(1) specifically excludes reinsurance from the definition of the "business of guaranteeing or insuring titles to real estate." The Department's argument to the contrary notwithstanding, the Department is not free to require certification of reinsurers. Reinsurance has been specifically excepted from the "business of guaranteeing or insuring titles to real estate." As "the business of guaranteeing or insuring titles to real estate" is the Department's area of regulation, it seems clear that the General Assembly meant to preclude the Department from regulating reinsurers. The Title Insurance Act differs from the Insurance Code in its treatment of the subject of reinsurance. Unlike the Title Insurance Act, the Insurance Code has specific provisions which detail the parameters of the authority of the Department of Insurance to regulate reinsurance of types of insurance other than title insurance (Ill. Rev. Stat. 1987, ch. 73, pars. 785-791). Had the General Assembly meant to authorize the Department to regulate reinsurance it seems clear that it could and would have specifically granted such authority. Such authority was not granted and the Department has pointed to nothing in the legislative history of the Title Insurance Act that would lead to a contrary conclusion.

The Department argues that as reinsurance has a direct connection to the insurer (the consumer), the only method to assure the solvency of the reinsurance underwriter through deposits and reserves is to require certification. The Department contends that to conclude otherwise, allows for potential fraud on the consumer by having reinsurance placed with an underwriter of questionable solvency.

Admittedly, the Department has articulated some appealing policy arguments for Section 8100.600. However appealing the Department's rule may be from a policy standpoint, the Department simply lacks the statutory authority to regulate reinsurers. If the Department feels it advisable to regulate reinsurers, the proper way to go about such regulation is to seek legislation to grant the Department specific statutory authority for such regulation. The Department has attempted to amend the Title Insurance Act through rulemaking. Such an action is impermissible.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF RECOMMENDATION

DEPARTMENT OF FINANCIAL INSTITUTIONS
(Continued Page 4)

Therefore, the Joint Committee suggests to the Department of Financial Institutions that if the Department believes it should be authorized to adopt a rule which requires that any reinsurance liability under a title insurance policy on risks located in Illinois be obtained from a company certified by the Department, the Department should seek legislation amending the Title Insurance Act to grant the Department the statutory authority to require certification of reinsurance.

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JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION TO EMERGENCY RULEMAKING

DEPARTMENT OF PUBLIC AID

Heading of Part: Medical Payment
Code Citation: 89 Ill. Adm. Code 140
Section Numbers: 140.642
140. Table H

Date Originally Published in Illinois Register: March 2, 1990
14 Ill. Reg. 3241

At its meeting on May 8, 1990, the Joint Committee on Administrative Rules objected to the above emergency rulemaking. Failure of the agency to respond within 90 days of receipt of the Statement of Objection shall constitute a refusal to amend or repeal the rule.

The specific objection is as follows:

The Joint Committee objects to the Department of Public Aid's emergency rulemaking entitled "Medical Payment" (89 Ill. Adm. Code 140: 14 Ill. Reg. 3241) because any emergency situation which may exist has been created solely by failure of the Department to act in a timely fashion pursuant to the general rulemaking procedures of Section 5.01 of the Illinois Administrative Procedure Act.

The Department of Public Aid adopted this emergency rulemaking to implement changes to its rules governing screening assessments of persons seeking admission to long term care (LTC) facilities. Screening assessments are required for prescribed case categories, such as transfers between facilities or to an out-of state facility, individuals where mental illness is present or who are eligible for Medicaid. Entities authorized to perform the various levels of screening are identified in the rulemaking, as are the levels of scrutiny such assessments are to include. Reimbursement policies and procedures are prescribed and a diagnostic protocol for eligibility for reimbursement is established.

On February 14, 1990, this emergency rulemaking was filed and became effective. Identical permanent rules were filed at the same time and were published in the March 2, 1990 Illinois Register. The Department was asked to explain the threat to the public interest, safety, or welfare which justified the use of emergency rulemaking in this instance. The Department stated it must revise its own substantive rules and reimbursement procedures to permit vendors to receive reimbursement for services provided under the governing federal regulations, which require

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION TO EMERGENCY RULEMAKING

DEPARTMENT OF PUBLIC AID
(Continued Page 2)

screening assessments with attendant case plan preparation and documentation elements as a condition of eligibility for reimbursement. Permanent federal rules were proposed at 55 Fed. Reg. 951 (March 23, 1990). The Department had received a Medicaid Manual, dated July 16, 1989, in which initial screening assessment procedures were outlined. The Department's program changes in this rulemaking are also required by the federal Omnibus Budget Reconciliation Act of 1987, Pub. L. 100-203 (Sections 4201(a) and 4211(a)) (December 27, 1987).

The Department stated that the main basis for its rulemaking was to provide a legal basis for the assessment procedures required by the Omnibus Budget Reconciliation Act of 1987, although vendors of services would also not be eligible for reimbursement unless the screening assessments required by this rulemaking were performed. The chief difficulty causing delays in the implementation of this program was the involvement of numerous agencies (the Departments of Public Health, Mental Health and Developmental Disabilities and Rehabilitation Services) as well as numerous drafting changes in the proposed governing federal rules for this program. The Department offered no other explanation for its use of emergency rulemaking other than the need for prompt action necessitated by the Department's delay in revision of its rules to reflect changes mandated by federal law and grounded in the absence of even proposed federal regulatory guidelines until March of 1990.

The Department stated numerous interest groups, agencies and vendors have actively participated in the Department's formulation of this rulemaking's contents, and, the Department anticipates that numerous changes will be made in its proposed permanent rules to accommodate concerns voiced by client interest groups, vendors, etc. The Department stated all vendors, client providers had been informed of this emergency rulemaking by means of bulletins issued by the Department. The Department reported that the time interval necessary for program and policy development compelled it to adopt its amendments via emergency rulemaking. This rulemaking, in the Department's view, became necessary to provide an administrative basis by which the assessments could be performed and vendors paid.

Section 5.02 of the Illinois Administrative Procedure Act (IAPA) defines "emergency" as "the existence of any situation which any agency finds reasonably constitutes a threat to the public interest, safety or welfare" which requires the adoption of rules on fewer days notice than is required by Section 5.01 of the IAPA. The Department's basis for emergency rulemaking in this instance is inadequate. Even if the absence of federally promulgated screening procedures constituted a

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION TO EMERGENCY RULEMAKING

DEPARTMENT OF PUBLIC AID

Heading of Part:	Medical Payment
Code Citation:	89 Ill. Adm. Code 140
Section Numbers:	140.542 140.543 140.544 140.545 140.646 140.647 140.648 140.649 140.650 140.652

Date Originally Published in Illinois Register: March 23, 1990
14 Ill. Reg. 4577

At its meeting on May 8, 1990, the Joint Committee on Administrative Rules objected to the above emergency rulemaking. Failure of the agency to respond within 90 days of receipt of the Statement of Objection shall constitute a refusal to amend or repeal the rule.

The specific objection is as follows:

The Joint Committee objects to the Department of Public Aid's emergency rulemaking entitled "Medical Payment" (89 Ill. Adm. Code 140; 14 Ill. Reg. 4577) because any emergency situation which may exist has been created solely by failure of the Department to act in a timely fashion pursuant to the general rulemaking procedures of Section 5.01 of the Illinois Administrative Procedure Act.

The Department of Public Aid adopted this emergency rulemaking to implement changes to its developmental training (DT) programs reimbursement system to comply with federal standards and prescribe a reimbursement system which is grounded in the active treatment needs of each program participant. The rulemaking adds long term care and residential facilities in addition to DT programs as falling under some of the Department's reimbursement procedures. DT programs failing to file an annual cost report are ineligible for reimbursement. Documentation elements of DT program plans are prescribed. Minimum DT program reimbursement requirements are prescribed in lieu of the Department's existing provisions pertaining to reimbursement provisions for day programming for mentally retarded individuals, with staffing levels, professional accreditation requirements, minimum time periods to be devoted to care and the per diem rate of reimbursement stated.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION TO EMERGENCY RULEMAKING

DEPARTMENT OF PUBLIC AID

(Continued Page 3)

threat to the "public interest, safety or welfare", this does not explain why rules could not have been adopted by the Department in the interval in which the federal government's statutory requirements were known to the Department. Any emergency which exists is a direct result of the Department's failure to revise its own rules in a timely fashion.

The Joint Committee has long taken the position that Section 5.02 procedures may not be used where the emergency is "agency created." This position has been supported by the Illinois Appellate Court in a previous case of agency rulemaking by the Department, Senn Park Nursing Center v. Miller (1983), 118 Ill. App. 3d 733, 455 N.E. 2d 162, affirmed 104 Ill.2d 169, 470 N.E.2d 1029 (1984). In Senn Park the court stated that "it would defeat the purposes of the notice and comment procedures if an agency could dispense with such procedures by enacting an emergency rule where the 'emergency' was created by the agency's failure to follow these procedures in the first place." As in Senn Park, the Department concedes in this instance that the "emergency" was the result of an "avoidable administrative failure" to follow these procedures in the first place.

Therefore, the Joint Committee objects to the Department of Public Aid's emergency rulemaking entitled "Medical Payment" (89 Ill. Adm. Code 140; 14 Ill. Reg. 3241) because any emergency situation which may exist has been created solely by failure of the Department to act in a timely fashion pursuant to the general rulemaking procedures of Section 5.01 of the Illinois Administrative Procedure Act.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLYJOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION TO EMERGENCY RULEMAKING

STATEMENT OF OBJECTION TO EMERGENCY RULEMAKING

DEPARTMENT OF PUBLIC AID
(Continued Page 2)DEPARTMENT OF PUBLIC AID
(Continued Page 3)

On March 6, 1990, this emergency rulemaking was filed and became effective. Identical permanent rules were filed at the same time and were published in the March 23, 1990 Illinois Register. The Department was asked to explain the threat to the public interest, safety, or welfare which justified the use of emergency rulemaking in this instance. The Department explained that vendors of DT programs have been providing services in conformity with revised federal program regulations (42 CFR 483.440) for more than a year. The Department stated it must revise its own substantive rules and reimbursement procedures to permit vendors to receive reimbursement for services provided under the above cited federal regulations, which require provision of "active treatment" services with attendant case plan preparation and documentation elements as a condition of eligibility for reimbursement. The federal rules were published at 53 Fed. Reg. 20496 (June 3, 1988).

The Department further explained that vendors of DT services 'can't wait any longer' for the Department to adopt reimbursement procedures to provide a payment mechanism for services provided by vendors under the governing federal regulations. Apparently, vendors would suffer financial disadvantage if the Department adopted its amendments through normal rulemaking under Section 5.01 of the Illinois Administrative Procedure Act. The Department offered no other explanation for its use of emergency rulemaking other than the need for prompt action necessitated by the Department's delay in revision of its rules to reflect changes in the governing federal rules. The Department stated this emergency rulemaking was done on behalf of its vendors that have actively participated in the Department's formulation of this rulemaking's contents. The Department stated all vendors had been informed of this emergency rulemaking by means of bulletins issued by the Department. The Department reported that the time interval necessary for program and policy development compelled it to adopt its amendments via emergency rulemaking. The Department stated that its vendors had sought reimbursement and thereby became actively interested in adoption of this rule. This rulemaking, in the Department's view, became necessary to provide an administrative basis by which vendors could be paid.

Section 5.02 of the Illinois Administrative Procedure Act (IAPA) defines "emergency" as "the existence of any situation which any agency finds reasonably constitutes a threat to the public interest, safety or welfare" which requires the adoption of rules on fewer days notice than is required by Section 5.01 of the IAPA. The Department's basis for emergency rulemaking in this instance is inadequate. Even if denial or delay of reimbursement to DT vendors constituted a threat to the "public

interest, safety or welfare", this does not explain why rules could not have been adopted by the Department in the more than one year long interval in which the federal government's active treatment program requirements were known to the Department. Any emergency which exists is a direct result of the Department's failure to revise its own rules in a timely fashion.

The Joint Committee has long taken the position that Section 5.02 procedures may not be used where the emergency is "agency created." This position has been supported by the Illinois Appellate Court in a previous case of agency rulemaking by the Department, Senn Park Nursing Center v. Miller (1983), 118 Ill. App. 3d 733, 455 N.E. 2d 162, affirmed 104 Ill.2d 169, 470 N.E.2d 1029 (1984). In Senn Park the court stated that "it would defeat the purposes of the notice and comment procedures if an agency could dispense with such procedures by enacting an emergency rule where the 'emergency' was created by the agency's failure to follow these procedures in the first place." As in Senn Park, the Department concedes in this instance that the "emergency" was the result of an "avoidable administrative failure" to follow these procedures in the first place.

Therefore, the Joint Committee objects to the Department of Public Aid's emergency rulemaking entitled "Medical Payment" (89 Ill. Adm. Code 140: 14 Ill. Reg. 4577) because any emergency situation which may exist has been created solely by failure of the Department to act in a timely fashion pursuant to the general rulemaking procedures of Section 5.01 of the Illinois Administrative Procedure Act.

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DEPARTMENT OF PUBLIC HEALTH

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PUBLIC HEARING ON PROPOSED AMENDMENTS

NOTICE OF PUBLIC HEARING ON PROPOSED AMENDMENTS

1) Heading of the Part:

Program Content and Guidelines for Title X Family Planning Services

2) Code Citation:

77 Ill. Adm. Code 635

3) Register Citation to Notice of Proposed Amendments:

This issue of the Illinois Register at page

4) Date, Time and Location of Public Hearing:

June 19, 1990
10:00 A.M.
First Floor Training Room
Illinois Department of Public Health
525 West Jefferson
Springfield, Illinois 62761

June 20, 1990
10:00 A.M.
9th Floor, Room 40
State of Illinois Center
Illinois Department of Public Health
100 West Randolph Street
Chicago, Illinois 60601

5) Other Pertinent Information:

The hearings will be for the sole purpose of gathering public comment on the proposed Amendments. Persons interested in presenting testimony at this hearing are advised that the Department will adhere to the following procedures in the conduct of the hearing:

1. Each person presenting oral testimony shall provide to the Hearing Officer a written (preferably typed) copy of such testimony at the time the oral testimony is presented. No oral testimony shall be accepted without such written copy of the testimony being provided.
2. Each person presenting oral testimony will be limited to fifteen (15) minutes for the presentation of such testimony.
3. No person will be recognized to speak for a second time until all persons wishing to testify have done so. All testimony shall conclude at the specific times except that an individual in the midst of presenting testimony shall be allowed to complete his/her testimony.

4. In order to provide for a balanced presentation of views and to facilitate the orderly conduct of the hearing, the Hearing Officer may impose such other rules of procedure, including the order of call of witnesses, as he/she deems necessary.

6) Name and Address of Agency Contact Person:

Questions regarding these proposed Amendments or public hearings shall be directed to:

Mr. Robert John Kane
Administrative Rules Coordinator
Illinois Department of Public Health
525 West Jefferson, Second Floor
Springfield, Illinois 62761

DEPARTMENT OF REVENUE

DEPARTMENT OF REVENUE

NOTICE OF PUBLIC INFORMATION

NOTICE OF PUBLIC INFORMATION

1. Statute requiring agency to publish this information in the Illinois Register:

Name of Act: Illinois Department of Revenue Sunshine Act
Citation: Ill. Rev. Stat. 1987, ch. 127, par. 2001
(Public Act 82-727, effective November 12, 1981)

2. Summary of information:

Index of Department of Revenue income tax letter rulings issued for the First Quarter of 1990.

The ruling letters are listed numerically with a brief synopsis under the following subjects:

Addition Modifications
Bond Premium Amortization
Dividends
Interest
Net Operating Loss
Zero Coupon Bonds
Other Rulings
(not included above)
Administration Review
Allocation
(For Alternative Allocation rulings, see that heading)
Amnesty
Apportionment
Financial Organizations
Insurance Companies
Payroll Factor
Property Factor
Sales Factor
Transportation Services
Other Rulings
(not included above)
Assessment
Bankruptcy
Base Income
(Also See Addition Modifications, Fringe Benefits, Subtraction Modifications)

Books and Records
Bulk Sales: See Sales Outside the Ordinary Course of Business (Bulk Sales)
Business Income
Capital Gains (Losses)
(Also See Subtraction Modifications - Valuation Limitation)
Check Off Funds
Circuit Breaker
Claims for Refund: See Refunds
Collection
Combined Unitary Return
(Also See Unitary)
Commercial Domicile
Compensation
Composite Returns
Confidentiality
Credits
Coal Research and Utilization
Credit for Replacement Tax Paid
Enterprise Zone Investment
Foreign Tax
High Impact Business Investment
Jobs Tax
Replacement Tax Investment
Training Expense
Other Rulings
(not included above)

Deficiencies
Definitions
Domestic International Sales Corporations (DISC's)
Elections: See Combined Unitary Return, Extensions, Unitary Enterprise Zones
(Also See Credits, Subtraction Modifications)
Erroneous Refund: See Refunds
Estates
Estimated Tax
Exempt Organizations
Exemptions
Extensions
Failure to File: See Penalties
Failure to Pay: See Penalties
Farmers: See Estimated Tax
Federal Returns
Fiduciaries
Financial Organizations: See Apportionment
Foreclosure
Foreign Sales Corporations (FSC's)
Foreign Tax: See Credits
Foreign Trade Zones: See Subtraction Modifications, Credits -- Jobs Tax
Forms
Fraud: See Penalties
Fringe Benefits
IRC §125 "Cafeteria" Plans
IRC §401(k) Plans
Other Rulings
(not included above)
Gain (Loss): See Capital Gains (Losses), Valuation Limitation
Information Reports
Insurance Companies: See Apportionment
Interest Income
(Also See Addition Modifications, Subtraction Modifications)
Interest on Refunds and Deficiencies
IRC §338
Jeopardy: See Assessment

Judicial Review
Liens
Lottery
Military
(Also See Subtraction Modifications)
Miscellaneous
Modification Addition: See Addition Modifications
Modification Subtractions: See Subtraction Modifications
Mutual Funds: See Subtraction Modifications
Net Income (Loss) and Net Loss Deduction (ITA §207)
(Also See Base Income, Capital Gains (Losses), Combined Unitary Return, Net Operating Loss and Net Operating Loss Deduction, Unitary)
Net Operating Loss and Net Operating Loss Deduction
Nexus: See Public Law 86-272/Nexus
Nonbusiness Income
Nonresidents: See Residency/Nonresidency
Notice and Demand: See Notices
Notices
Overpayments: See Refunds
Partnerships
Payments:
(Also See Estimated Tax)
Payroll Factor: See Apportionment
Penalties
Failure to File (§1001)
Failure to File Withholding Returns (§1004)
Failure to Pay (§1002)
Failure to Pay Estimated Tax (§804)
Fraud (§1002)
Reasonable Cause (§1001)
Underpayment of Tax (§1005)
Other Rulings
(not included above)

NOTICE OF PUBLIC INFORMATION

Pensions
(Also See Subtraction Modifications)
Political Organizations
Property Factor: See Apportionment
Property Tax: See Subtraction Modifications
Protest
Public Law 86-272/Nexus
Rate of Tax
Real Estate Investment Trusts
Reasonable Cause: See Penalties
Refunds (Also See Subtraction Modifications)
Statute of Limitations
Other Rulings
(not included above)
Replacement Tax
(Also See Credits)
Residency/Nonresidency Returns
(For Combined Unitary Return and Composite Return rulings, see those headings)
Amended Returns
Due Dates
Requirements to File
Short Period Returns
Other Rulings
(not included above)
S Corporations
Sales Factor: See Apportionment
Sales Outside the Ordinary Course of Business (Bulk Sales)
Seizure
Separate Accounting: See Alternative Allocation
Signature
Specific Accounting
Statute of Limitations: See Assessment, Collection, Deficiencies, Refunds
Subchapter 'S' Corporations: See S Corporations

Subpart F Income: See Subtraction Modifications
Subtraction Modifications
Enterprise and Foreign Trade Zones
Illinois Tax Refund
Interest on U.S. Government Obligations
Military
Money Market Mutual Funds
Qualified Pension Plans
Real Estate Taxes
Subpart F Income
Valuation Limitation
Other Rulings
(not included above)
Taxability in Other States
Taxable Year
Transferees
(Also See Sales Outside the Ordinary Course of Business (Bulk Sales))
Transportation Services: See Apportionment
Trusts
Unitary
(Also See Combined Unitary Return)
U.S. Government Obligations: See Subtraction Modifications
Valuation Limitation: See Subtraction Modifications
Voluntary Disclosure Agreements
Waiver on Assessment: See Assessment
Withholding
Employee Benefits
Exemptions
Personal Service Contracts (ITTA §708)
Reciprocal Agreements
Other Rulings
(not included above)

Copies of the ruling letters themselves are available for inspection and may be purchased for a minimum of \$1.00 per opinion plus 25¢ per page for each page over one.

The annual index of income tax letter rulings (all four quarters) is available for \$4.50 (this price includes both income tax and sales tax).

3. Name and address of person to contact concerning this information:

Margaret Forth
Legal Division
101 West Jefferson Street
Springfield, Illinois 62794
Telephone: (217) 782-6996

DEPARTMENT OF REVENUE

1990 FIRST QUARTER SUNSHINE INDEX

ADDITION MODIFICATIONS - BOND PREMIUM AMORTIZATION

IT 90-27 01/30/90 Interest income for the taxable year must be added back. Since, on the federal return, the purchaser reduces interest income received by the amount of accrued interest paid to the seller, only the difference between interest income received and accrued interest paid is added back on the Illinois return. The amount of bond premium amortization that can be subtracted on the Illinois return is the same amount that would be permitted as a deduction on the federal return if the bond were federally taxable.

ADDITION MODIFICATIONS - INTEREST

IT 90-11 01/16/90 Only the interest on bonds issued on or after September 2, 1988, by the Illinois State Scholarship Commission is exempt from Illinois income taxation.

IT 90-40 02/20/90 Discusses whether four specific municipal bonds are exempt from Illinois income taxation.

IT 90-62 03/07/90 Interest income from bonds issued by an Indian tribal government or subdivision thereof, which was deducted from federal adjusted gross income, must be added back to Illinois base income and is subject to Illinois income tax.

IT 90-81 03/28/90 There are currently only seven different Illinois municipalities that are exempt from Illinois income taxation.

ADDITION MODIFICATIONS - ZERO COUPON BONDS

IT 90-18 01/24/90 Interest income from municipal zero coupon bonds (bonds that are federally tax-exempt) is recognized and is subject to tax ratably each year.

ALLOCATION

IT 90-15 01/18/90 Discusses the Illinois income tax liability of an individual who has moved from Illinois to Alabama.

IT 90-23 01/29/90 Discusses the Illinois income tax liability of Illinois residents who register to vote at out-of-state schools.

DEPARTMENT OF REVENUE

1990 FIRST QUARTER SUNSHINE INDEX

ALTERNATIVE ALLOCATION

IT 90-4 01/07/90 Denial of a petition by a three-factor corporation to use a single-weighted sales factor rather than the double-weighted sales factor required by Illinois statute.

IT 90-34 02/05/90 Denial of a petition to use separate accounting.

IT 90-49 02/26/90 Denial of a petition by a trader of securities to use an alternative apportionment formula.

IT 90-50 02/26/90 Denial of a petition by a partnership investing in Illinois and Indiana real estate to use separate accounting.

IT 90-55 03/01/90 Denial of a petition by a partner investing in limited partnerships to use separate accounting.

APPORTIONMENT - FINANCIAL ORGANIZATIONS

IT 90-24 01/30/90 Discusses whether or not a bank and its subsidiary are unitary.

IT 90-67 03/12/90 Discusses the rationale for the Department's determination that a wholly-owned Delaware investment subsidiary of a manufacturing corporation with operations in Illinois qualifies as an investment company constituting a financial organization under IITA §1501(a)(8).

APPORTIONMENT - SALES FACTOR

IT 90-7 01/08/90 Discusses the Illinois income tax liability of a taxpayer making sales of computer hardware and canned or custom computer software to customers in Illinois.

IT 90-19 01/25/90 Discusses the sales factor of a data processing company whose customers and computers are in different states.

IT 90-45 02/23/90 Discusses the Illinois income taxation of the sale of advertising time on a radio program created by the taxpayer, for transmission to a satellite, and the sale of licensing of radio programs to radio stations.

IT 90-77 03/22/90 In the case of sales of business intangibles by any person, gross receipts are to be disregarded and only the net gain (loss) therefrom is to be included in the sales factor.

DEPARTMENT OF REVENUE

1990 FIRST QUARTER SUNSHINE INDEX

APPORTIONMENT - TRANSPORTATION SERVICES

IT 90-53 02/28/90 If the corporation is in the business of providing transportation services, it earns income in Illinois and is subject to Illinois income taxation if it transports some or all of its passengers or freight through Illinois.

BASE INCOME

(Also See Addition Modifications, Fringe Benefits, Subtraction Modifications)

IT 90-9

01/10/90 To the extent that the federal Internal Revenue Code and treasury regulations might afford a reduction of adjusted gross income or taxable income, the reduced taxable income would automatically reduce income subject to Illinois income tax. Contact the Internal Revenue Service for information about any reduction of taxable income (not a credit) that might occur for persons who provide child care.

IT 90-10

01/11/90 A partnership with a net loss allocable to Illinois would be required to file an IL-1065.

IT 90-14

01/18/90 Discusses the income tax liability of a retired couple moving to Illinois from New York.

IT 90-17

01/24/90 Discusses the Illinois income tax consequences when an affiliated group has made adjustments under IRC Regulations Sections 1.1502-32 and 1.1502-13(c) and has filed either separate or combined Illinois returns.

IT 90-21

01/29/90 Gambling losses are not deductible on the Illinois return even though gambling winnings are taxable.

IT 90-25

01/30/90 Discusses the Illinois income tax treatment of residents of Hungary who were in the United States for less than two years. United States-Hungary treaty exempts income earned from teaching or engaging in research.

IT 90-31

02/01/90 Questionnaire concerning the Illinois taxability of various employer and employee contributions and various fringe benefits.

IT 90-52

02/26/90 As there is no addition modification provision for fiduciary fees which were deducted on the federal 1041 in IITA §203(c)(2), no such addition need to made.

DEPARTMENT OF REVENUE

1990 FIRST QUARTER SUNSHINE INDEX

IT 90-63

03/08/90 When Form 8814 is properly completed and filed federally and the income of the child is included in the parent's adjusted gross income and taxable to the parent, the child would not be required to file his or her own Illinois return since the child would have no other taxable income.

IT 90-78

03/22/90 Since there is no longer an adjustment before adjusted gross income (the starting figure for Illinois purposes) for moving expenses on the federal return, no adjustment for moving expenses is allowed on the Illinois individual income tax return for part-year residents.

IT 90-82

03/29/90 An entity which qualifies and elects to be treated as a REMIC in accordance with IRC Sections 860A through 860G will not be subject to tax under the IITA, except to the extent it has net income derived from prohibited transactions as defined by IRC Section 860F.

CAPITAL GAINS - (LOSSES)

(Also See Subtraction Modifications - Valuation Limitation)

IT 90-76

03/22/90 Discusses the carryback of capital losses of unitary members from a year in which a combined return was filed to separate unitary returns.

IT 90-77

03/22/90 In the case of sales of business intangibles by any person, gross receipts are to be disregarded and only the net gain (loss) therefrom is to be included in the sales factor.

IT 90-80

03/27/90 It is only the U.S. government securities themselves and the interest paid thereon that is exempt from state taxation pursuant to 31 U.S.C.A. §3124(a). There is no constitutional, statutory, or case law prohibiting the state taxation of trading profits from U.S. securities. Consequently, the capital gain from the sale of the U.S. treasury notes is not exempt from Illinois taxation.

COMBINED UNITARY RETURN

(Also See Unitary)

IT 90-17

01/24/90 Discusses the Illinois income tax consequences when an affiliated group has made adjustments under IRC Regulations Sections 1.1502-32 and 1.1502-13(c) and has filed either separate or combined Illinois returns.

DEPARTMENT OF REVENUE

1990 FIRST QUARTER SUNSHINE INDEX

IT 90-65

03/09/90 The entire Illinois net loss of the combined return year is eligible to be carried back to a year or years in which "100% Illinois filers" were precluded from filing as a unitary business group.

COMPENSATION

IT 90-71

03/14/90 It appears that you performed no services in Illinois. You would, therefore, not have any "compensation paid in Illinois" which is subject to Illinois income taxation. If you do not have "compensation paid in Illinois," you should have no Illinois income tax withheld from your wages.

COMPOSITE RETURNS

IT 90-26

01/30/90 Discusses a composite return filed by an S corporation that has a trust as a shareholder.

IT 90-43

02/20/90 The Department maintains its position that an Illinois resident S corporation shareholder may not claim a credit for taxes paid to another state by the S corporation. Illinois now permits a Subchapter S corporation (as well as a partnership) to act as the authorized agent in filing a composite return (Form IL-1023-C) for selected shareholders (and partners). In the event that such a shareholder is required to file an independent Illinois return (because the shareholder has other Illinois income), the shareholder will be allowed to claim a credit on the independent IL-1040 or IL-1041 for the shareholder's share of the tax paid on the IL-1023-C as long as the required petition has been filed and approved.

IT 90-60

03/06/90 Grants permission to nonresident shareholders of an S corporation to file composite returns for 1983-1987.

IT 90-66

03/12/90 Nonresident partners of the Partnership have already filed Form IL-1023-C. Legal has no objection to the nonresident trust beneficiaries similarly being included in an Illinois combined return.

CONFIDENTIALITY

IT 90-1

12/22/89 §917(a) of the IITA, Ill. Rev. Stat. 1987, ch. 120, ¶9-917a prohibits the Department from furnishing the information you seek, unless served with a court order.

DEPARTMENT OF REVENUE

1990 FIRST QUARTER SUNSHINE INDEX

IT 90-22

01/23/90 Illinois Income Tax Act §917(a) precludes us from furnishing the taxpayer records you seek without a proper judicial order.

CREDITS - FOREIGN TAX

IT 90-44

02/22/90 Since Wisconsin permits a 60% capital gain exclusion but Illinois does not, the capital gain exclusion cannot be said to be taxed by both states, and it is, therefore, incorrect to include such an amount in Column II of Schedule CR. With regard to property for which a valuation limitation is computed on Schedule F, the amount to be reported in Column II of Schedule CR is the lesser of two amounts. If the 40% capital gain taxed by Wisconsin is less than the capital gain taxed by Illinois minus the valuation limitation amount, 40% of the capital gain is included in Column II. However, if the 40% capital gain taxed by Wisconsin is more than the capital gain taxed by Illinois minus the valuation limitation amount, the amount included in Column II is the capital gain taxed by Illinois minus the valuation limitation amount.

CREDITS - REPLACEMENT TAX INVESTMENT

IT 90-59

03/06/90 As the 1987 Form IL-477 and instructions do not accommodate this provision, a taxpayer beginning business in 1987 may amend his 1987 return and use the current 1989 Form IL-477 (or the 1988 IL-477) to take the additional credit.

IT 90-64

03/03/90 Machinery and equipment placed in service by a printer qualifies for the replacement tax investment credit.

CREDITS - OTHER RULINGS (NOT INCLUDED ABOVE)

IT 90-5

01/03/90 Discusses the IITA §203(b)(2)(N) subtraction modification for contributions to a designated zone organization.

ESTATES

IT 90-52

02/26/90 As there is no addition modification provision for fiduciary fees which were deducted on the federal 1041 in IITA §203(c)(2), no such addition need to be made.

DEPARTMENT OF REVENUE

DEPARTMENT OF REVENUE

1990 FIRST QUARTER SUNSHINE INDEX

1990 FIRST QUARTER SUNSHINE INDEX

EXEMPT ORGANIZATIONS

IT 90-20 01/25/90 An Illinois Business Taxpayer Application for Registration (Form NUC-1) is filed by an employer to register as a withholding agent. An organization which is exempt from federal income tax by reason of §501(a) of the Internal Revenue Code is exempt from Illinois income tax.

IT 90-73 03/15/90 Illinois is preempted by §514 from taxing "any employee benefit plan described in §1003(a)... and not exempt under §1003(b)..." Consequently, pursuant to 29 U.S.C.A. §1144, a voluntary employee beneficiary association's (VEBA) unrelated business taxable income is not subject to Illinois income taxation.

EXEMPTIONS

IT 90-28 01/30/90 For taxable years ending on or after January 1, 1990, in addition to the basic \$1,000 exemption, an additional \$1,000 is allowed to a taxpayer if of the age of 65 or over, and also to a spouse of the age of 65 or over. Effective the same date a taxpayer who is blind may receive an additional \$1,000 exemption. The spouse, if blind, may also receive the additional exemption.

FEDERAL RETURNS

IT 90-17 01/24/90 Discusses the Illinois income tax consequences when an affiliated group has made adjustments under IRC Regulations Sections 1.1502-32 and 1.1502-13(c) and has filed either separate or combined Illinois returns.

IT 90-25 01/30/90 Discusses the Illinois income tax treatment of residents of Hungary who were in the United States for less than two years. United States-Hungary treaty exempts income earned from teaching or engaging in research.

IT 90-63 03/08/90 When Form 8814 is properly completed and filed federally and the income of the child is included in the parent's adjusted gross income and taxable to the parent, the child would not be required to file his or her own Illinois return since the child would have no other taxable income.

IT 90-82 03/29/90 An entity which qualifies and elects to be treated as a REMIC in accordance with IRC Sections 860A through 860G will not be subject to tax under the IITA, except to the extent it has net income derived from prohibited transactions as defined by IRC Section 860F.

FORMS

IT 90-33 02/05/90 Discusses informational reporting required on IL-1096 and IL-1096-P.

IT 90-56 03/01/90 The receipt of a tax form does not mean that a corporation is subject to Illinois income tax.

IT 90-59 03/06/90 As the 1987 Form IL-477 and instructions do not accommodate this provision, a taxpayer beginning business in 1987 may amend his 1987 return and use the current 1989 Form IL-477 (or the 1988 IL-477) to take the additional credit.

IT 90-74 03/15/90 A completed Form NUC-1 should be returned to the Department to obtain a registration number. The completed SS-4 should be mailed to the Internal Revenue Service to obtain a Federal Employer Identification Number.

FRINGE BENEFITS - OTHER RULINGS (NOT INCLUDED ABOVE)

IT 90-31 02/01/90 Questionnaire concerning the Illinois taxability of various employer and employee contributions and various fringe benefits.

INFORMATION REPORTS

IT 90-29 01/31/90 For the year 1989 an information report is required for rents and royalties of \$1,000 or more. The form used is the IL-1096. Copies of U.S. Forms 1099 that include a payment of \$1,000 or more are required to be attached to the form in accordance with instructions. For 1989, an information report is also required to be filed annually by March 15 of the year following the year of payment, to report personal service contracts and prizes and awards in excess of \$1,000. The form used for this report is IL-1096-P. Copies of U.S. Forms 1099 are required to be attached in accordance with instructions on the form.

IT 90-33 02/05/90 Discusses informational reporting required on IL-1096 and IL-1096-P.

IT 90-48 02/23/90 Effective January 1, 1989, Illinois Income Tax Act (IITA) §708, which required withholding of Illinois income taxes on written contracts exceeding \$1,000 and necessitating the rendition of personal services in Illinois by one or more individuals identified in the contract, was repealed. Current law (IITA §1405.2) now requires only informational reporting of payments made under such contracts.

DEPARTMENT OF REVENUE

1990 FIRST QUARTER SUNSHINE INDEX

IT 90-61

03/07/90 Illinois has no informational reporting requirements other than for certain payments of rents and royalties, certain payments for personal service contracts, and certain payments for prizes and awards.

MILITARY

(Also See Subtraction Modifications)

IT 90-3

01/03/90 Updated summary pages regarding Illinois income tax and military personnel.

MISCELLANEOUS

IT 90-16

01/18/90 For Illinois income tax purposes, the federal Identification number of the organization is used.

IT 90-25

01/30/90 Discusses the Illinois income tax treatment of residents of Hungary who were in the United States for less than two years. United States-Hungary treaty exempts income earned from teaching or engaging in research.

IT 90-32

02/05/90 Discusses method to intercept income tax refunds pursuant to a court order.

IT 90-54

02/28/90 A tax ID Number is obtained from the Internal Revenue Service, not the Illinois Department of Revenue.

IT 90-56

03/01/90 The receipt of a tax form does not mean that a corporation is subject to Illinois income tax.

IT 90-57

03/01/90 Pursuant to Ill. Rev. Stats., ch. 23, §10-17.5, the Illinois Department of Public Aid is responsible for certification to the Comptroller of a past due support order to intercept state income tax refunds. A priority is granted to deductions for state warrants based upon claims from the Illinois Department of Public Aid for past due child support.

IT 90-72

03/15/90 Notification should be given to the Rock County Child Support AG to prevent that office from taking action to intercept your Illinois income tax refund or lottery winnings.

IT 90-82

03/29/90 An entity which qualifies and elects to be treated as a REMIC in accordance with IRC Sections 860A through 860G will not be subject to tax under the IITA, except to the extent it has net income derived from prohibited transactions as defined by IRC Section 860F.

DEPARTMENT OF REVENUE

1990 FIRST QUARTER SUNSHINE INDEX

NET INCOME (LOSS) AND NET LOSS DEDUCTION (IITA §207)

(Also See Base Income, Capital Gains (Losses), Combined Unitary Return, Net Operating Loss and Net Operating Loss Deduction, Unitary)

IT 90-65

03/09/90 The entire Illinois net loss of the combined return year is eligible to be carried back to a year or years in which "100% Illinois filers" were precluded from filing as a unitary business group.

IT 90-70

03/14/90 If after applying all of the modifications provided in IITA §203(b)(2) and the allocation and apportionment provisions of IITA Article 3, the taxpayer's net income results in an Illinois net loss, such loss is allowed as a carryback or a carryover in the manner allowed under IRC §172. The carryback period provided in IRC §172 is generally three years, and the carryforward is generally 15 years. Interest on the FHLMC bonds and mortgage participation certificates is not exempt from Illinois income taxation.

PARTNERSHIPS

IT 90-10

01/11/90 A partnership with a net loss allocable to Illinois would be required to file an IL-1065.

PAYMENTS

IT 90-30

02/01/90 There is no provision in the Illinois Income Tax Act (IITA) which allows an Illinois income tax to be paid over a three year period in a manner similar to the provision of Section 811(c)(7) of the Tax Reform Act of 1986. Also, there is no subtraction modification for accelerated income by reason of the Proportionate Disallowance Rule (§453 IRC).

PENSIONS

(Also See Subtraction Modifications)

IT 90-79

03/22/90 Under the Illinois Income Tax Act, all government pension income (whether local, state, or federal government pension income) is exempt from income tax.

PUBLIC LAW 86-272/NEXUS

IT 90-56

03/01/90 The receipt of a tax form does not mean that a corporation is subject to Illinois income tax.

1990 FIRST QUARTER SUNSHINE INDEX

REAL ESTATE INVESTMENT TRUSTS

IT 90-8 01/09/90 Discusses the Illinois income tax treatment of a 100%-owned subsidiary of an REIT.

REFUNDS - OTHER RULINGS (NOT INCLUDED ABOVE)
(Also See Subtraction Modifications)

IT 90-32 02/05/90 Discusses method to intercept income tax refunds pursuant to a court order.

IT 90-72 03/15/90 Notification should be given to the Rock County Child Support AG to prevent that office from taking action to intercept your Illinois income tax refund or lottery winnings.

RESIDENCY/NONRESIDENCY

IT 90-23 01/29/90 Discusses the Illinois income tax liability of Illinois residents who register to vote at out-of-state schools.

IT 90-37 02/07/90 Discusses the Illinois income tax consequences of various scenarios.

IT 90-42 02/20/90 An individual spending more than nine months of any taxable year in Illinois will be presumed to be an Illinois resident. An individual who is absent from Illinois for one year or more will be presumed to be a nonresident of Illinois.

IT 90-83 03/29/90 An individual spending more than nine months of any taxable year in Illinois will be presumed to be an Illinois resident. An individual who is absent from Illinois for one year or more will be presumed to be a nonresident of Illinois. These presumptions are not conclusive, but may be overcome by evidence to the contrary.

RETURNS - AMENDED RETURNS

(For Combined Unitary Return and Composite Return rulings, see those headings)

IT 90-41 02/20/90 Distributions from IRC §457 Deferred Compensation Plans will qualify for the Illinois subtraction modification at Illinois Income Tax Act (IITA) §203(a)(2)(E) and will not be subject to Illinois income taxation. Illinois income tax withholding is not required on distributions from IRC §457 Deferred Compensation Plans. Amended returns may be filed for

1990 FIRST QUARTER SUNSHINE INDEX

years still within the statutory period provided in IITA §911(a)(1) to take a subtraction modification for distributions from IRC §457 plans.

02/23/90 Distributions from IRC §457 Deferred Compensation Plans will qualify for the Illinois subtraction modification at Illinois Income Tax Act (IITA) §203(a)(2)(E) and will not be subject to Illinois income taxation. Illinois income tax withholding is not required on distributions from IRC §457 Deferred Compensation Plans. Amended returns may be filed for years still within the statutory period provided in IITA §911(a)(1) to take a subtraction modification for distributions from IRC §457 plans.

02/23/90 Distributions from IRC §457 Deferred Compensation Plans will qualify for the Illinois subtraction modification at Illinois Income Tax Act (IITA) §203(a)(2)(E) and will not be subject to Illinois income taxation. Illinois income tax withholding is not required on distributions from IRC §457 Deferred Compensation Plans. Amended returns may be filed for years still within the statutory period provided in IITA §911(a)(1) to take a subtraction modification for distributions from IRC §457 plans.

RETURNS - REQUIREMENTS TO FILE

(For Combined Unitary Return and Composite Return rulings, see those headings)

IT 90-6 01/08/90 You are obligated to file your income tax return if you are liable for Illinois income tax, or were a resident of Illinois and are required to file a federal return.

S CORPORATIONS

IT 90-26 01/30/90 Discusses a composite return filed by an S corporation that has a trust as a shareholder.

IT 90-43

02/20/90 The Department maintains its position that an Illinois resident S corporation shareholder may not claim a credit for taxes paid to another state by the S corporation. Illinois now permits a Subchapter S corporation (as well as a partnership) to act as the authorized agent in filing a composite return (Form IL-1023-C) for selected shareholders (and partners). In the event that such a shareholder is required to file an independent Illinois return (because the shareholder has other Illinois income), the shareholder will

DEPARTMENT OF REVENUE

1990 FIRST QUARTER SUNSHINE INDEX

be allowed to claim a credit on the independent IL-1040 or IL-1041 for the shareholder's share of the tax paid on the IL-1023-C as long as the required petition has been filed and approved.

IT 90-60

03/06/90 Grants permission to nonresident shareholders of an S corporation to file composite returns for 1983-1987.

SALES OUTSIDE THE ORDINARY COURSE OF BUSINESS (BULK SALES)

IT 90-39

02/20/90 Form NUC-542A (Notice of Sale/Purchase of Business Assets) is used to report bulk transactions to the Department.

IT 90-69

03/14/90 Discusses IITA §902(d).

SUBTRACTION MODIFICATIONS - INTEREST ON U.S. GOVERNMENT OBLIGATIONS

IT 90-38

02/14/90 Revokes and supersedes Letter Ruling IT89-143 (May 25, 1989) which held that for years ending after 1983, as well as for years ending prior to 1984 where there was an increase in reserves, life insurance companies could deduct from federal taxable income for Illinois purposes both the companies' share and the policyholders' share of U.S. Government interest.

IT 90-51

02/26/90 The FHLMC is exempt from state income taxation. The interest received from obligations issued by the FHLMC does not qualify for the Illinois subtraction modification for income from U.S. government obligations.

IT 90-58

03/02/90 Only certain bonds issued by the Illinois Development Finance Authority qualify for Illinois tax exemption.

IT 90-68

03/13/90 Any income received from repurchase agreements ("repos") is not exempt income to the investor. Interest income received from Government National Mortgage Association obligations is not exempt from Illinois income taxation whether the obligations are held directly by the investor or through a mutual fund.

IT 90-70

03/14/90 If after applying all of the modifications provided in IITA §203(b)(2) and the allocation and apportionment provisions of IITA Article 3, the taxpayer's net income results in an Illinois net loss, such loss is allowed as a carryback or a carryover in the manner allowed under IRC §172. The carryback period provided in IRC §172 is generally three

DEPARTMENT OF REVENUE

1990 FIRST QUARTER SUNSHINE INDEX

years, and the carryforward is generally 15 years. Interest on the FHLMC bonds and mortgage participation certificates is not exempt from Illinois income taxation.

IT 90-80

03/27/90 It is only the U.S. government securities themselves and the interest paid thereon that is exempt from state taxation pursuant to 31 U.S.C.S. §3124(a). There is no constitutional, statutory, or case law prohibiting the state taxation of trading profits from U.S. securities. Consequently, the capital gain from the sale of the U.S. treasury notes is not exempt from Illinois taxation.

IT 90-84

03/30/90 Publication 101 states that a subtraction modification may be taken for income received from a mutual fund investing in obligations listed in Sections I and II.

IT 90-85

03/30/90 Publication 101 states that you may subtract income you received from any of the obligations listed in Sections I and II of Publication 101 (even if the obligations are owned indirectly through owning shares in a mutual fund).

SUBTRACTION MODIFICATIONS - MILITARY

IT 90-35

02/05/90 Discusses why compensation received by commissioned officers of the United States Public Health Service does not qualify for the Illinois subtraction modification for military pay.

SUBTRACTION MODIFICATIONS - QUALIFIED PENSION PLANS

IT 90-13

01/18/90 Davis v. State of Michigan, Department of Treasury (No. 87-1020, Mar. 28, 1989) which invalidated Michigan's system of taxing retirement benefits to the extent that it improperly discriminated against federal retirement benefits. §203(a)(2)(E) of the IITA permits a subtraction (deduction) from the base income of a taxpayer of all distributions under the provisions of any retirement or disability plan for employees of any governmental agency or unit and includes the federal government, in addition to deductions permitted for federally tax-qualified and other retirement benefits.

IT 90-41

02/20/90 Distributions from IRC §457 Deferred Compensation Plans will qualify for the Illinois subtraction modification at Illinois Income Tax Act (IITA) §203(a)(2)(E) and will not be subject to Illinois income taxation. Illinois income tax withholding is not required on distributions from IRC §457

DEPARTMENT OF REVENUE

1990 FIRST QUARTER SUNSHINE INDEX

Deferred Compensation Plans. Amended returns may be filed for years still within the statutory period provided in IITA §911(a)(1) to take a subtraction modification for distributions from IRC §457 plans.

IT 90-46

02/23/90 Distributions from IRC §457 Deferred Compensation Plans will qualify for the Illinois subtraction modification at Illinois Income Tax Act (IITA) §203(a)(2)(E) and will not be subject to Illinois income taxation. Illinois income tax withholding is not required on distributions from IRC §457 Deferred Compensation Plans. Amended returns may be filed for years still within the statutory period provided in IITA §911(a)(1) to take a subtraction modification for distributions from IRC §457 plans.

IT 90-47

02/23/90 Distributions from IRC §457 Deferred Compensation Plans will qualify for the Illinois subtraction modification at Illinois Income Tax Act (IITA) §203(a)(2)(E) and will not be subject to Illinois income taxation. Illinois income tax withholding is not required on distributions from IRC §457 Deferred Compensation Plans. Amended returns may be filed for years still within the statutory period provided in IITA §911(a)(1) to take a subtraction modification for distributions from IRC §457 plans.

IT 90-79

03/22/90 Under the Illinois Income Tax Act, all government pension income (whether local, state, or federal government pension income) is exempt from income tax.

SUBTRACTION MODIFICATIONS - VALUATION LIMITATION

IT 90-44

02/22/90 Since Wisconsin permits a 60% capital gain exclusion but Illinois does not, the capital gain exclusion cannot be said to be taxed by both states, and it is, therefore, incorrect to include such an amount in Column II of Schedule CR. With regard to property for which a valuation limitation is computed on Schedule F, the amount to be reported in Column II of Schedule CR is the lesser of two amounts. If the 40% capital gain taxed by Wisconsin is less than the capital gain taxed by Illinois minus the valuation limitation amount, 40% of the capital gain is included in Column II. However, if the 40% capital gain taxed by Wisconsin is more than the capital gain taxed by Illinois minus the valuation limitation amount, the amount included in Column II is the capital gain taxed by Illinois minus the valuation limitation amount.

DEPARTMENT OF REVENUE

1990 FIRST QUARTER SUNSHINE INDEX

SUBTRACTION MODIFICATIONS - OTHER RULINGS (NOT INCLUDED ABOVE)

IT 90-11

01/16/90 Only the interest on bonds issued on or after September 2, 1988, by the Illinois State Scholarship Commission is exempt from Illinois income taxation.

IT 90-21

01/29/90 Gambling losses are not deductible on the Illinois return even though gambling winnings are taxable.

IT 90-27

01/30/90 Interest income for the taxable year must be added back. Since, on the federal return, the purchaser reduces interest income received by the amount of accrued interest paid to the seller, only the difference between interest income received and accrued interest paid is added back on the Illinois return. The amount of bond premium amortization that can be subtracted on the Illinois return. The amount of bond premium amortization that can be subtracted on the Illinois return is the same amount that would be permitted as a deduction on the federal return if the bond were federally taxable.

IT 90-30

02/01/90 There is no provision in the Illinois Income Tax (IIT) which allows an Illinois income tax to be paid over a three year period in a manner similar to the provision of Section 811(c)(7) of the Tax Reform Act of 1986. Also, there is no subtraction modification for accelerated income by reason of the Proportionate Disallowance Rule (§453 IRC).

IT 90-40

02/20/90 Discusses whether four specific municipal bonds are exempt from Illinois income taxation.

IT 90-78

03/22/90 Since there is no longer an adjustment before adjusted gross income (the starting figure for Illinois purposes) for moving expenses on the federal return, no adjustment for moving expenses is allowed on the Illinois individual income tax return for part-year residents.

IT 90-81

03/28/90 There are currently only seven different Illinois municipalities that are exempt from Illinois income taxation.

TRUSTS

IT 90-26

01/30/90 Discusses a composite return filed by an S corporation that has a trust as a shareholder.

IT 90-52

02/26/90 As there is no addition modification provision for fiduciary fees which were deducted on the federal 1041 in IITA §203(c)(2), no such addition need to made.

DEPARTMENT OF REVENUE

1990 FIRST QUARTER SUNSHINE INDEX

IR 90-66

03/12/90 Nonresident partners of the Partnership have already filed Form IL-1023-C. Legal has no objection to the nonresident trust beneficiaries similarly being included in an Illinois combined return.

UNITARY

(Also See Combined Unitary Return)

IT 90-17

01/24/90 Discusses the Illinois income tax consequences when an affiliated group has made adjustments under IRC Regulations Sections 1.1502-32 and 1.1502-13(c) and has filed either separate or combined Illinois returns.

IT 90-65

03/09/90 The entire Illinois net loss of the combined return year is eligible to be carried back to a year or years in which "100% Illinois filers" were precluded from filing as a unitary business group.

IT 90-76

03/22/90 Discusses the carryback of capital losses of unitary members from a year in which a combined return was filed to separate unitary returns.

VOLUNTARY DISCLOSURE AGREEMENTS

IT 90-12

01/17/90 A Voluntary Disclosure is a notification to the Department by a taxpayer or his representative prior to the Department opening an audit or investigation file that the taxpayer has failed to file returns or has filed erroneous returns in the past.

IT 90-75

03/21/90 A Voluntary Disclosure is a notification to the Department by a taxpayer or his representative prior to the Department opening an audit or investigation file that the taxpayer has failed to file returns or has filed erroneous returns in the past.

WITHHOLDING - PERSONAL SERVICE CONTRACTS (IITA §1405.2)

IT 90-48

02/23/90 Effective January 1, 1989, Illinois Income Tax Act (IITA) §708, which required withholding of Illinois income taxes on written contracts exceeding \$1,000 and necessitating the rendition of personal services in Illinois by one or more individuals identified in the contract, was repealed. Current law (IITA §1405.2) now requires only informational reporting of payments made under such contracts.

DEPARTMENT OF REVENUE

1990 FIRST QUARTER SUNSHINE INDEX

WITHHOLDING - OTHER RULINGS (NOT INCLUDED ABOVE)

IT 90-2

01/02/90 Discusses taxpayer's liability for tax when employer fails to withhold.

IT 90-20

01/25/90 An Illinois Business Taxpayer Application for Registration (Form NUC-1) is filed by an employer to register as a withholding agent. An organization which is exempt from federal income tax by reason of §501(a) of the Internal Revenue Code is exempt from Illinois income tax.

IT 90-36

02/07/90 If there is only one federal withholding agent for federal purposes (i.e. only one Form W-2 will be furnished), there will be only one withholding agent (employer) for Illinois purposes and only one Form W-2 for each employee for Illinois purpose.

IT 90-41

02/20/90 Distributions from IRC §547 Deferred Compensation Plans will qualify for the Illinois subtraction modification at Illinois Income Tax Act (IITA) §203(a)(2)(E) and will not be subject to Illinois income taxation. Illinois income tax withholding is not required on distributions from IRC §457 Deferred Compensation Plans. Amended returns may be filed for years still within the statutory period provided in IITA §911(a)(1) to take a subtraction modification for distributions from IRC §457 plans.

IT 90-46

02/23/90 Distributions from IRC §457 Deferred Compensation Plans will qualify for the Illinois subtraction modification at Illinois Income Tax Act (IITA) §203(a)(2)(E) and will not be subject to Illinois income taxation. Illinois income tax withholding is not required on distributions from IRC §457 Deferred Compensation Plans. Amended returns may be filed for years still within the statutory period provided in IITA §911(a)(1) to take a subtraction modification for distributions from IRC §457 plans.

IT 90-47

02/23/90 Distributions from IRC §457 Deferred Compensation Plans will qualify for the Illinois subtraction modification at Illinois Income Tax Act (IITA) §203(a)(2)(E) and will not be subject to Illinois income taxation. Illinois income tax withholding is not required on distributions from IRC §457 Deferred Compensation Plans. Amended returns may be filed for years still within the statutory period provided in IITA §911(a)(1) to take a subtraction modification for distributions from IRC §457 plans.

DEPARTMENT OF REVENUE

1990 FIRST QUARTER SUNSHINE INDEX

IT 90-71

03/14/90 It appears that you performed no services in Illinois. You would, therefore, not have any "compensation paid in Illinois" which is subject to Illinois income taxation. If you do not have "compensation paid in Illinois," you should have no Illinois income tax withheld from your wages.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of May 7, 1990, through May 11, 1990, and have been scheduled for review by the Committee at its June 5, 1990 meeting. Other items not contained in this published list may also be considered by the Joint Committee at its June meeting. Members of the public wishing to express their views with respect to a proposed rule should submit written comments to the Joint Committee at the following address: Joint Committee on Administrative Rules, 509 South Sixth Street, Room 500, Springfield, IL 62701.

Second Notice Expires	Agency and Rule	Start of First Notice	Scheduled for Consideration by JCAR
6/21/90	Illinois Community College Board, Administration of the Public Community College Act (23 Ill. Adm. Code 1501)	1/5/90 14 Ill. Reg. 14	June 5, 1990
6/21/90	Illinois Racing Board, Trifecta Rules (11 Ill. Adm. Code 409)	2/2/90 14 Ill. Reg. 1849	June 5, 1990
6/25/90	Pollution Control Board, Effluent Standards (35 Ill. Adm. Code 304)	12/29/89 13 Ill. Reg. 20230	June 5, 1990
6/25/90	Pollution Control Board, Water Quality Standards (35 Ill. Adm. Code 302)	12/29/89 13 Ill. Reg. 20273	June 5, 1990
6/25/90	Department of Public Health, Structural Pest Control Code (77 Ill. Adm. Code 830)	1/12/90 14 Ill. Reg. 571	June 5, 1990
6/25/90	Department of Agriculture, Standardization of Agriculture Products (8 Ill. Adm. Code 5)	3/16/90 14 Ill. Reg. 3711	June 5, 1990
6/25/90	State Board of Education, Comprehensive Health Education (23 Ill. Adm. Code 253)	2/2/90 14 Ill. Reg. 1645	June 5, 1990
6/25/90	Illinois Racing Board, Programs (11 Ill. Adm. Code 415)	1/26/90 14 Ill. Reg. 1597	June 5, 1990

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLYJOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLYSECOND NOTICES RECEIVED
(page 2)SECOND NOTICES RECEIVED
(page 3)

Second Notice Expires	Agency and Rule	Start of First Notice	Scheduled for Consideration by JCAR	Second Notice Expires	Agency and Rule	Start of First Notice	Scheduled for Consideration by JCAR
6/25/90	State Board of Education, Public Schools Evaluation, Recognition and Supervision (23 Ill. Adm. Code 1)	2/2/90 14 Ill. Reg. 1650	June 5, 1990	6/25/90	Department of Children and Family Services, Services Delivered by the Department (89 Ill. Adm. Code 302)	2/9/90 14 Ill. Reg. 2205	June 5, 1990
6/25/90	Department of Conservation, Raccoon, Opossum, Striped Skunk, Red Fox, Gray Fox, Coyote and Woodchuck (Groundhog) Hunting (17 Ill. Adm. Code 550)	3/16/90 14 Ill. Reg. 3776	June 5, 1990				
6/25/90	Department of Conservation, Aquaculture, Transportation, Stocking, Importation and/or Possession of Aquatic Life (17 Ill. Adm. Code 870)	3/16/90 14 Ill. Reg. 3717	June 5, 1990				
6/25/90	Department of Conservation, Cock Pheasant, Hungarian Partridge, Bobwhite Quail, Rabbit and Crow Hunting (17 Ill. Adm. Code 530)	3/16/90 14 Ill. Reg. 3720	June 5, 1990				
6/25/90	Department of Conservation, Dove Hunting (17 Ill. Adm. Code 730)	3/16/90 14 Ill. Reg. 3743	June 5, 1990				
6/25/90	Department of Conservation, Squirrel Hunting (17 Ill. Adm. Code 690)	3/16/90 14 Ill. Reg. 3794	June 5, 1990				
6/25/90	Department of Conservation, Scientific Permits (17 Ill. Adm. Code 520)	3/16/90 14 Ill. Reg. 3789	June 5, 1990				
6/25/90	Department of Conservation, Woodcock, Snipe, Rail and Teal Hunting (17 Ill. Adm. Code 740)	3/16/90 14 Ill. Reg. 3802	June 5, 1990				

PROCLAMATION

90-217
NURSE RECRUITMENT DAY
(REVISED)

Whereas, today's nurses are educated and trained professionals working in technical, sophisticated environments while providing compassionate and concerned care for patients and their families; and

Whereas, there is currently a severe nursing shortage in the United States and in Illinois, where 9.5 percent of budgeted nursing positions cannot be filled; and

Whereas, hospitals, clinics, home health agencies, hospices, the Armed Forces, and other health care providers face a future with diminished nursing care because of this shortage; and

Whereas, on April 30, nurses from hospitals throughout the state will visit the 754 high schools in Illinois to talk about nursing, demonstrate various areas of care, and provide information on a variety of subjects in hopes of generating more interest in the nursing field;

Therefore, I, James R. Thompson, Governor of the State of Illinois, proclaim May 11, 1990, as NURSE RECRUITMENT DAY in Illinois and urge youths to realize the value of nursing and take steps to prevent nursing shortages which can seriously hamper our state's health care services;

Issued by the Governor May 7, 1990.

Filed with the Secretary of State May 14, 1990.

90-231
ARSON AWARENESS WEEK

Whereas, the senseless crime of arson claims 5,000 to 6,000 lives and is responsible for millions of dollars damage to property each year; and

Whereas, the International Association of Arson Investigators (IAAI) is a worldwide organization comprised of firefighters, police officers, insurance personnel, and other professionals dedicated to the suppression and prevention of arson; and

Whereas, the IAAI also promotes the exchange of technical information and cooperates with other law enforcement agencies and associations in arson investigation;

Therefore, I, James R. Thompson, Governor of the State of Illinois, proclaim May 6-12, 1990, as ARSON AWARENESS WEEK in Illinois and urge all citizens to support activities for this event.

Issued by the Governor May 1, 1990.

Filed with the Secretary of State May 14, 1990.

90-232
EXCEPTIONAL CHILDREN'S WEEK

Whereas, the observance of Exceptional Children's Week has grown steadily since its inception in Chicago in 1959; and

Whereas, the State of Illinois has set aside the first full week of May for this occasion since 1972, and it is now a national event; and

Whereas, the purpose of Exceptional Children's Week is to create public awareness of the special needs of handicapped and gifted children and to make known the educational services available to them so that educational facilities, methods, and materials can be developed to help each child have a brighter future; and

Whereas, all areas of exceptional need deserve public support and involvement to ensure that appropriate education is available to every child in Illinois, whether that child is physically, mentally, or emotionally handicapped or gifted;

Therefore, I, James R. Thompson, Governor of the State of Illinois, proclaim May 6-12, 1990, as EXCEPTIONAL CHILDREN'S WEEK in Illinois and ask that all Illinoisans be personally committed to guaranteeing adequate education for all children in their communities.

Issued by the Governor May 1, 1990.

Filed with the Secretary of State May 14, 1990.

90-233
NATIONAL ASSOCIATION OF INSURANCE WOMEN'S WEEK

Whereas, professional insurance women make a significant contribution to the risk and insurance industry; and

Whereas, they are increasingly effective locally and statewide in promoting public awareness of such important issues as tort reform, automobile safety, and the problem of drinking and driving; and

Whereas, they endeavor to reaffirm to the industry as a whole the highest professional standards; and

Whereas, they are working effectively on a national level as the National Association of Insurance Women (International), which has reached a membership of 21,000; and

Whereas, professional insurance women have earned recognition for their outstanding accomplishments in the economically vital insurance industry;

Therefore, I, James R. Thompson, Governor of the State of Illinois, proclaim May 20-26, 1990, as NATIONAL ASSOCIATION OF INSURANCE WOMEN'S WEEK in Illinois. I urge our citizens to honor the women who are performing such important and diverse roles throughout the risk and insurance industry.

Issued by the Governor May 1, 1990.

Filed with the Secretary of State May 14, 1990.

90-234

FESTIVAL CHORUS DAY

Whereas, 25 years ago, several clergymen from the Elk Grove Village area commissioned Mr. Anthony Mostardo to organize a choir, known as the Festival Chorus, for a special ecumenical service they were planning; and

Whereas, since then, the Festival Chorus has grown into a 170-voice ensemble; and

Whereas, this congregation has received international acclaim and has been dignified with the honor of being only the 7th foreign chorus ever to perform at St. Peter's Basilica in the Vatican;

Therefore, I, James R. Thompson, Governor of the State of Illinois, proclaim May 6, 1990, as FESTIVAL CHORUS DAY in Illinois, in honor of the choir's 25th year of service to Elk Grove Village and the State of Illinois.

Issued by the Governor May 4, 1990.

Filed with the Secretary of State May 14, 1990.

90-235

BUCKLE-UP AMERICA WEEK

Whereas, motor vehicle crashes are the leading cause of violent deaths in the United States for people between the ages of six and 50. They accounted for more than 46,386 deaths in the United States in 1987, and for 1,708 deaths in Illinois in 1989; and

Whereas, motor vehicle crashes are the number one cause of death of children over six months of age and account for 16 times more fatalities than all other forms of transportation combined; and

Whereas, the use of safety belts could prevent 40-50 percent of the fatalities and reduce the number of serious injuries by 45-55 percent. Research shows that the correct use of child safety seats is more than 70 percent effective in preventing death and 67 percent effective in reducing the need for hospitalization; and

Whereas, the use of safety belts and child safety seats is known to be one of the best defenses against the drunk and drugged driver; and

Whereas, Illinois was the first state in the nation to appoint a Governor's Task Force on Occupant Protection. During Buckle-Up American Week, the task force will implement plans to give communities and organizations an opportunity to increase the correct use of safety belts and child safety seats by focusing public attention on the lifesaving benefits of these systems;

Therefore, I, James R. Thompson, Governor of the State of Illinois, proclaim May 21-28, 1990, as BUCKLE-UP AMERICA WEEK in Illinois, and I call upon all Illinoisans to establish a goal of buckling-up every time they travel in motor vehicles.

Issued by the Governor May 7, 1990.

Filed with the Secretary of State May 14, 1990.

90-236

CENTENARIANS DAY

Whereas, the function and purpose of the American Centenarian committee is to seek public recognition of persons 100 years of age and older; and

Whereas, centenarians have a vast wealth of treasured experiences for us to learn about to make our lives as rich and rewarding as theirs have been; and

Whereas, the people of Illinois welcome the opportunity to tell senior citizens of our admiration for them and our appreciation for their countless contributions to the betterment of our world;

Therefore, I, James R. Thompson, Governor of the State of Illinois, proclaim May 20, 1990, as CENTENARIANS DAY in Illinois, honoring America's centenarians and extending my personal congratulations and best wishes to those centenarians being honored on that date.

Issued by the Governor May 7, 1990.

Filed with the Secretary of State May 14, 1990.

90-237

CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE DAY

Whereas, the American College of Osteopathic Medicine and Surgery was instituted in Illinois on May 21, 1900; and

Whereas, this organization later became the Chicago College of Osteopathic Medicine and now serves four Illinois counties and northwest Indiana; and

Whereas, since the college opened 90 years ago, it has adhered to its traditional motto, "to teach, to heal, to serve," by providing commendable osteopathic medical education, dedicated patient care, and vital community health services;

Therefore, I, James R. Thompson, Governor of the State of Illinois, proclaim May 23, 1990, as CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE DAY in Illinois in honor of the college's 90th anniversary and its efforts and achievements in the area of osteopathic medicine.

Issued by the Governor May 7, 1990.

Filed with the Secretary of State May 14, 1990.

90-238

START TALKING WEEK

Whereas, the Parents Too Soon program was created in 1983 to deter both teenage pregnancy and the negative repercussions of

adolescent childbearing and parenting; and

Whereas, a 1988 statewide public opinion poll disclosed a serious information gap between teens and their parents and led to the creation of "Start Talking"; and

Whereas, "Start Talking" is a year-old, statewide public awareness campaign sponsored by the Parents Too Soon program and aims at encouraging parents and teens to discuss the critical issues facing teens today;

Therefore, I, James R. Thompson, Governor of the State of Illinois, proclaim May 14-21, 1990, as START TALKING WEEK in Illinois and urge parents and teens to strengthen the lines of communication between them.

Issued by the Governor May 7, 1990.

Filed with the Secretary of State May 14, 1990.

90-239

THE FUTURE OF PUBLIC HEALTH WEEK

Whereas, the Illinois Public Health Association (IPHA), founded in 1940, is celebrating its 50th anniversary this year as the state's oldest and largest voluntary organization devoted to the matters of public health; and

Whereas, the IPHA strives to protect and promote personal and environmental health while advancing the principles of public health through organized activities in the areas of education, research, funding, and health policy development; and

Whereas, more than 1,000 health professionals from both the public and private sectors in Illinois and elsewhere in the nation will gather in Chicago May 23-25, 1990, to attend the IPHA 50th Annual Meeting; and

Whereas, the theme of the meeting, "The Future of Public Health in Illinois: Build It Together, Experience It Together," reflects the association's goal of working today to solve the public health problems of tomorrow, a goal which has remained unchanged through a half century of change and progress;

Therefore, I, James R. Thompson, Governor of the State of Illinois, proclaim May 20-26, 1990, as THE FUTURE OF PUBLIC HEALTH WEEK in Illinois, in recognition of the 50th anniversary of the Illinois Public Health Association and the dedication of its members.

Issued by the Governor May 7, 1990.

Filed with the Secretary of State May 14, 1990.

90-240

WEEK OF THE HIGH RISK CHILD

Whereas, the Children and Adolescents Forum, Inc. was organized December 15, 1975, as Pritzker Children's Psychiatric Unit of Michael Reese Hospital for the purpose of coordinating the delivery of mental health services to high risk children on

the southside of Chicago; and

Whereas, a high risk child is one who exhibits covert or overt symptoms of behavioral, emotional, psychological, physical, familial, or environmental dysfunctioning; and

Whereas, since its inception, the forum has made many outstanding contributions to the community at large including publishing three Children and Adolescents Mental Health Services directories; developing policy recommendations on improving Services for Children, a paper sent to the governor, state legislators, and other human services professionals; publishing the newsletter The Urban Child; and presenting numerous community education workshops for parents and professionals; and

Whereas, the forum also provides an information referral and follow-up program for Children at Risk. One of its most recent initiatives is in the planning and implementation of its Annual Teen Leadership Conference;

Therefore, I, James R. Thompson, Governor of the State of Illinois, proclaim May 12-18, 1990, as the WEEK OF THE HIGH RISK CHILD in Illinois and commend the Children and Adolescents Forum, Inc. for its many contributions to emotionally disturbed and behaviorally disordered children.

Issued by the Governor May 7, 1990.

Filed with the Secretary of State May 14, 1990.

90-241

DR. JONAS SALK DAY

Whereas, Dr. Jonas Salk produced the world's first successful vaccine against the disease polio-myeitis; and

Whereas, Dr. Salk's outstanding efforts in the field of disease prevention are evident in his organization of the Salk Institute for Biological Studies and in his recent intense research toward finding an immunological control for AIDS; and

Whereas, the Decalogue Society of Lawyers is awarding Dr. Salk with the annual Award of Merit during a special reception on May 10, 1990;

Therefore, I, James R. Thompson, Governor of the State of Illinois, proclaim May 10, 1990, as DR. JONAS SALK DAY in Illinois in recognition of Dr. Salk's invaluable, ongoing efforts to prevent and control disease.

Issued by the Governor May 8, 1990.

Filed with the Secretary of State May 14, 1990.

90-242

MANAGEMENT WEEK

Whereas, the National Management Association has three chapters in Illinois that are striving toward the assurance of smooth business operations and high productivity levels within our state; and

Whereas, chapter members represent a diverse group of concerned citizens, including individuals from Illinois' business, industry, and public sectors; and
 Whereas, the chapters' efforts in developing and recognizing management as a profession as well as promoting America's competitive enterprise system deserve merit;
 Therefore, I, James R. Thompson, Governor of the State of Illinois, proclaim June 4-9, 1990, as MANAGEMENT WEEK in Illinois.

Issued by the Governor May 8, 1990.
 Filed with the Secretary of State May 14, 1990.

90-243 RP AWARENESS DAY

Whereas, Retinitis Pigmentosa (RP) is the largest source of internally caused blindness and deaf-blindness in the world today; and

Whereas, RP is a hereditary blinding eye disease which affects over 500,000 people in the United States, at least 25,000 of whom live in Illinois; and

Whereas, to help combat Retinitis Pigmentosa and allied retinal degenerative diseases, the RP Foundation Fighting Blindness seeks to raise public awareness and the continued strong support of scientific research for the betterment of the hundreds of thousands of people who are afflicted by this disease;

Therefore, I, James R. Thompson, Governor of the State of Illinois, proclaim May 22, 1990, as RP AWARENESS DAY in Illinois and urge all citizens of this state to lend whatever support they can to this most important endeavor, so that one day this cruel disease will no longer threaten our precious gift of sight.

Issued by the Governor May 8, 1990.
 Filed with the Secretary of State May 14, 1990.

90-244 COMMENDS JOHN HUGHES

Whereas, John Hughes, director of environmental affairs for Commonwealth Edison, has been greatly instrumental in the development of the recreational potential at the Braidwood, Heidecke, LaSalle, Powerton, Dresden, Mazonia, and Sangchris cooling lakes serving the outdoor recreational needs of Illinois citizens and providing opportunities for generations to come; and

Whereas, Mr. Hughes has been particularly instrumental in the Illinois Department of Conservation's acquisition of lands at Kankakee State Park and Goose Lake Prairie--two of Illinois' outstanding state parks; and

Whereas, Mr. Hughes has served as spokesman for the utility industry to the Department of Conservation's Wetlands Advisory

Committee, providing a balanced perspective and wise counsel to address controversial wetlands protection issues; and
 Whereas, Mr. Hughes has consistently demonstrated outstanding commitment to the goals of the Department of Conservation by establishing public/private partnerships for the benefit of the citizens of Illinois;

Therefore, I, James R. Thompson, Governor of the State of Illinois, sincerely appreciate the commitment of JOHN HUGHES to the protection and enhancement of Illinois' conservation and recreation resources and commend Mr. Hughes on the occasion of his retirement.

Issued by the Governor May 9, 1990.
 Filed with the Secretary of State May 14, 1990.

90-245 GATEWAY DAY

Whereas, abuse of alcohol and other drugs is among our nation's foremost problems, affecting people from every ethnic and socio-economic background. Crime, decay of our social system, and much human misery are worsened by the specter of drug abuse; and

Whereas, despite increased demands on resources for drug treatment programs and the difficulty inherent in rehabilitation, Gateway Foundation perseveres in its successful drug-free programs; and

Whereas, this nonprofit organization provides outreach services, residential and outpatient drug-free treatment, and prevention and community education through residential and outpatient centers. Since its inception, Gateway Foundation has continued its dedication to transforming former alcohol and drug abusers into confident men and women capable of participating as self-sufficient, respected, and competent members of society; and

Whereas, at its 15th annual Citizen of the Year Dinner on June 6, Gateway will celebrate its 22nd year of service to the chemically dependent and will honor His Eminence Cardinal Joseph Bernardin, Archbishop of Chicago, for the compassion he has shown for those attempting to recover from alcohol and drug abuse. A special community Service Award will be presented to Richard M. Daley, Mayor of the City of Chicago, for leadership and action he has taken to prevent alcohol and drug abuse and for his efforts to encourage treatment options for chemical dependents;

Therefore, I, James R. Thompson, Governor of the State of Illinois, proclaim June 6, 1990, as GATEWAY DAY in Illinois and commend the success of the Gateway Foundation on its drug abuse prevention and treatment programs.

Issued by the Governor May 9, 1990.
 Filed with the Secretary of State May 14, 1990.

90-246

MATTOON AREA SENIOR CENTER DAY

Whereas, the month of May is traditionally a time to pay tribute to the indomitable spirit and strength of older Americans and to focus public attention on their needs, concerns, and accomplishments; and

Whereas, the Mattoon Area Senior Center will celebrate its tenth anniversary Monday, May 14, 1990; and

Whereas, the Mattoon Area Senior Center is committed to improving the quality of life for residents of all ages in the Mattoon area and providing educational and recreational programs for older adults; and

Whereas, the citizens of Mattoon should respect and value the wisdom, strength, experience, and unlimited potential of the fastest growing segment of our nation's population;

Therefore, I, James R. Thompson, Governor of the State of Illinois, proclaim May 14, 1990, as MATTOON AREA SENIOR CENTER DAY in Illinois. I urge all Mattoon area residents to join me in this special recognition of the Mattoon Area Senior Center, its participants, staff, and volunteers.

Issued by the Governor May 9, 1990.

Filed with the Secretary of State May 14, 1990.

90-247

METROPOLITAN PIER AND EXPOSITION AUTHORITY
EMPLOYEE LONGEVITY DAY

Whereas, the Metropolitan Pier and Exposition Authority is the official policymaking body for the general operation of McCormick Place and Navy Pier; and

Whereas, on May 12, 1990, the Metropolitan Pier and Exposition Authority will pay tribute to those employees who have served the Authority for five years or more; and

Whereas, with the continuing efforts of many civic leaders, business firms, and dedicated staff members, the McCormick Place and Navy Pier Complex has achieved the reputation as "The Premier Exposition Complex on the North American Continent"; and

Whereas, at the heart of the McCormick Place and Navy Pier reputation are the dedicated employees who have contributed greatly to improving the image of Chicago, McCormick Place Complex, Navy Pier, and the State of Illinois;

Therefore, I, James R. Thompson, Governor of the State of Illinois, proclaim May 12, 1990, as METROPOLITAN PIER AND EXPOSITION AUTHORITY EMPLOYEE LONGEVITY DAY in Illinois, in recognition of the years of dedication these individuals have devoted to their jobs. I urge citizens to join me in applauding the employees' commitment to service.

Issued by the Governor May 9, 1990.

Filed with the Secretary of State May 14, 1990.

ILLINOIS REGISTER

90-248

MOTHER'S DAY

Whereas, mothers are the focal point of the family and the home, while more than ever, serving their communities in every field of endeavor needed for public welfare and the prosperity of the nation; and

Whereas, we look to the mother in the home as the family bond, inspiring in children the importance of morals and ethics, fundamental laws governing true integration and opportunity, and impressing upon them the timeless values of all the civic virtues that are the requisites of good American citizenship; and

Whereas, Mother's Day, traditionally the second Sunday in May, presents a special opportunity to demonstrate our appreciation of our mothers for their influence on us and our society as a whole;

Therefore, I, James R. Thompson, Governor of the State of Illinois, proclaim May 13, 1990, as MOTHER'S DAY in Illinois. I call upon all Illinoisans to honor the mother in the home and to recognize the blessings that emanate from good motherhood.

Issued by the Governor May 9, 1990.

Filed with the Secretary of State May 14, 1990.

90-249

RETIRED TEACHERS WEEK

Whereas, there are more than 58,000 Illinois retired educators who have dedicated many years of their lives to public education; and

Whereas, these retired teachers have tirelessly and selflessly taken the noble trust of educating and training our children; and

Whereas, in retirement these educators continue to be a major source of insight and direction to our state and nation; and

Whereas, the valuable knowledge and experience retired teachers have assembled over a lifetime continue to be transmitted through volunteer service; and

Whereas, it is fitting that a day be set aside for citizens to express their appreciation for the outstanding service provided by retired educators of Illinois;

Therefore, I, James R. Thompson, Governor of the State of Illinois, proclaim May 20-26, 1990, as RETIRED TEACHERS WEEK in Illinois, in appreciation of their years of dedicated effort.

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90-250

YEAR OF THE AIRBORNE

Whereas, the Airborne Forces of the United States Army

evolved June 1, 1940, at Fort Benning, Georgia, by the formation of the Original Parachute Test Platoon; and

Whereas, the Airborne Forces spearheaded the major invasions of World War II; and

Whereas, many thousands of the men who served in the Airborne Forces were killed, captured, or wounded in the pursuit of freedom and peace for all the world; and

Whereas, for fifty years, the Airborne Forces have demonstrated their support and love of this great country through the successful performance of their duty;

Therefore, I, James R. Thompson, Governor of the State of Illinois, proclaim 1990 as YEAR OF THE AIRBORNE in Illinois in honor of the bravery and dedication demonstrated by the Airborne Forces.

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90-251

MANUFACTURED HOUSING DAYS

Whereas, housing affordability is a major concern for all the citizens of the State of Illinois; and

Whereas, innovative construction methods, attractive financing, and a desire for quality housing have increased the demand for manufactured homes; and

Whereas, at approximately one-half the cost of site-built housing, manufactured housing offers a safe, attractive, and affordable avenue to home ownership for Illinois residents; and

Whereas, the Illinois Manufactured Housing Association continues to focus the attention of the citizens of this state on innovative land planning, product technology, community development, and consumer awareness; and

Whereas, as an integral part of the housing needs of the state, the association continues to focus the attention of local and state governments, as well as that of the consumer, on the pioneering efforts of the manufactured housing industry and the desirability of home ownership during May;

Therefore, I, James R. Thompson, Governor of the State of Illinois, proclaim May 12-20, 1990, as MANUFACTURED HOUSING DAYS in Illinois, and I encourage the furtherance of innovative housing concepts for the benefit and comfort of our citizens.

Issued by the Governor May 10, 1990.

Filed with the Secretary of State May 14, 1990.

90-252

RAILROAD WOMEN'S DAY

Whereas, the United States will observe National Transportation Week May 13-19, 1990, in recognition of the essential role of transportation in our country's growth and

economy; and

Whereas, women in railroading have made vital contributions in their daily work, both in peace and war, toward the service of their industry to the public; and

Whereas, major objectives of the members of the National Association of Railway Business Women, over and above their service to the industry, have been to stimulate goodwill for the industry and to create a greater public awareness of railroads' energy efficiency;

Therefore, I, James R. Thompson, Governor of the State of Illinois, proclaim May 16, 1990, as RAILROAD WOMEN'S DAY in Illinois, in recognition of the importance of their endeavors.

Issued by the Governor May 10, 1990.

Filed with the Secretary of State May 14, 1990.

90-253

CORRECTIONAL OFFICER WEEK

Whereas, the public safety and welfare of all Illinois citizens is enhanced by the professional supervision of convicted felons by correctional officers of the Illinois Department of Corrections; and

Whereas, the men and women serving the state as correctional officers must maintain a constant watch providing safe, humane, constitutional, and secure incarceration of inmates; and

Whereas, these public servants must face potentially dangerous situations with swift and appropriate action throughout their careers; and

Whereas, correctional officers in Illinois have made the Department of Corrections the finest prison system in the United States through their tireless and often heroic actions;

Therefore, I, James R. Thompson, Governor of the State of Illinois, proclaim May 7-13, 1990, as CORRECTIONAL OFFICER WEEK in Illinois, in honor of these dedicated men and women.

Issued by the Governor May 11, 1990.

Filed with the Secretary of State May 14, 1990.

90-254

VOLUNTEER TALENT POOL DAY

Whereas, the State of Illinois places great reliance on and takes great pride in the volunteer activities of its citizens who donate their time, talents, and skills for the benefit of others; and

Whereas, the Volunteer Talent Pool, a not-for-profit agency, was founded in 1960 to match volunteers in Glencoe, Kenilworth, Northfield, and Winnetka with community organizations and schools in New Trier Township and the Chicago metropolitan area which need volunteer assistance; and

Whereas, the Volunteer Talent Pool has improved the quality

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of life in the area by matching the abilities of professionals, students, retirees, homemakers, and others with the area's need for services over the past 30 years;

Therefore, I, James R. Thompson, Governor of the State of Illinois, proclaim May 17, 1990, as VOLUNTEER TALENT POOL DAY in Illinois in recognition of the agency's 30th anniversary and the distinguished service the agency has provided for its community.

Issued by the Governor May 11, 1990.

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